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A STUDY TO DESIGN A SYSTEM TO IDENTIFY HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY SOLDIERS AT FORT BENNING, GEORGIA

A Graduate Research Project

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By

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The provision of medical care to handicapped family members of active duty personnel requires the use of specialized personnel, facilities, and equipment. It is in the best interests of the Army to provide this care in the most efficient manner possible. This involves the consolidation of medical resources to provide specialized care at the military installations which have the greatest need. This study is an effort to determine the optimal feasible system to identify the number of handicapped family members of active duty soldiers by name and to categorize them by medical diagnosis or handicap condition. Although conducted for Fort Benning, this study contributed to solving a problem identified at Department of the Army level.

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Third, to my wife, Evelyn, and children, Jimmy and Jennifer, for their continuing sacrifices and support during both the didactic and residency years and the tension filled periods of writing this thesis and dozens of other papers.

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during the residency year. Mrs. Powell has provided invaluable assistance in editing; drawing charts, tables and figures; insuring proper format; and turning the author's scrawl into a truly professional product.

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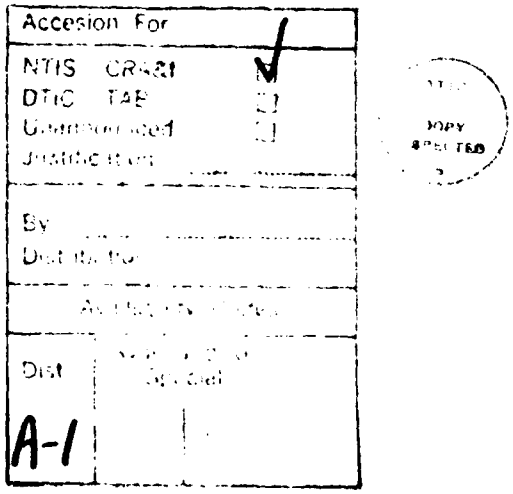
This Graduate Research Project

is dedicated to

Jimmy and Jennifer Larson,

my children

One cannot completely recognize his good fortune and appreciate the miracle of beautiful, healthy children until he has been exposed to the small minority of nature's imperfect, but, still beautiful, handicapped creations.



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I. INTRODUCTION

One of the most attractive benefits of military service is medical care provided to active and retired personnel and to their family members. Family members can include parents, parents-in-law and adopted children as well as spouses and children of the service member. Medical benefits, many of which are provided at no cost to the patient, can equate to a considerable amount of money. This is particularly true when family members have chronic medical conditions or handicaps which require extensive medical care, special education or rehabilitative programs.

The provision of medical care for this subpopulation of handicapped family members of active duty service personnel requires the utilization of specialized personnel, facilities and equipment. The Department of the Army provides such specialized care to dependents "subject to the availability of space and facilities and the capabilities of the professional staff."[1] It is in the best interests of the Army to provide this care in the most efficient manner possible.

The first step in providing health care for the handicapped is to determine the extent of the demand by identifying the population of handicapped family members of active duty personnel and determining where they are located. In order to meet the need for specialized health care for handicapped patients and ensure that Army Medical Department (AMEDD) resources are being utilized in the most efficient manner possible, resources to provide such care must be located at installations which have the greatest need.

Some installations may have large handicapped populations that are obtaining the specialized medical care needed from civilian sources through supplemental care programs or Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) at a higher cost than if provided by an AMEDD medical treatment facility (MTF). At the same time, some Army MTFs may have personnel, equipment and facilities ideally suited to provide medical care to the handicapped that are being underutilized.

Development of the Problem

In October 1981, the Program Director, United States Army-Baylor University Program in Health Care Administration sent a letter (see Appendix A) to all residency preceptors proposing that the research efforts of health care administration residents be coordinated with the research interests of the Health Care Studies Division (HCSD), Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences (AHS), Fort Sam Houston, Texas. The resident and preceptor at Fort Benning reviewed a listing of current and proposed research interests attached to the above referenced letter and selected one of the topics as the subject for this Graduate Research Project (GRP).

The subject of the HCSD study is Active Duty Soldiers and Their Handicapped Family Members. This will be an Army-wide study to establish a data base identifying the number and diagnoses of handicapped family members and to identify resource requirements to meet the medical care needs of this population. A brief description of the HCSD study is contained in the

Research and Technology Work Unit Summary (DD Form 1498) at Appendix B.

The overall technical objective of the HCSD study is to estimate the types and number of handicapping conditions among Army family members. Specific objectives are to determine a working definition of the phrase "handicapping conditions" and to review military and civilian sources of data to derive estimates of the number of handicapped family members of active duty soldiers. The written report prepared by the HCSD will be used by the Department of the Army in planning, developing policies, and managing personnel and health care resources.[2]

Telephonic coordination was made with the principal investigator at HCSD[3] who expressed strong interest in having the resident conduct a sub-study of the same problem at Fort Benning, Georgia, to complement the Army-wide study.

Completion of this study to design a system to identify handicapped family members of active duty soldiers at Fort Benning, Georgia, will have immediate as well as long term benefits for the author, the Fort Benning community and the Army. In the process of fulfilling an academic requirement for the completion of a Masters in Health Administration degree, this GRP will contribute to solving an identified problem within the Department of the Army. The completed GRP will provide an initial review and analysis of methods to collect data on the handicapped family member subpopulation. The HCSD will be able to produce a more comprehensive study by refining, eliminating or expanding various portions of the pilot study.

Statement of the Problem

The problem is to determine the optimal feasible system to identify the number of handicapped family members of active duty soldiers by name and categorize them by medical diagnosis/handicap condition.

Limitations

Before a system can be developed to identify and categorize handicapped personnel, the term handicapped must be defined. In preliminary interviews with medical personnel involved with handicapped patients as, well as a review of various texts, regulations and other published material, many variations are found in the scope of what can be termed handicapped. As part of the definition process, a list of medical conditions included in the broad term "handicapped" will be developed.

No temporary duty (TDY) funds are available from the Medical Department Activity (MEDDAC), Fort Benning or the HCSD to allow the author of this Graduate Research Project to travel to other installations to collect data. It is felt that site visits to CHAMPUS in Denver, Colorado and the Defense Enrollment Eligibility Reporting System (DEERS) in Washington, D.C. would be beneficial to the development of the GRP.

Assumptions

1. The Department of Defense will continue to provide medical care

to handicapped dependents of active duty personnel through uniformed services medical treatment facilities or CHAMPUS.

2. The definition of "handicapped" and the medical conditions covered by the term "handicapped" as defined in this project will be accepted without modification.

3. Functional areas within CHAMPUS, installation military personnel offices (MILPOs), MEDDACs, MEDCENs, the DEERS Program and the Department of the Army will agree to assume minor additional duties to operate the proposed system(s) as long as it/they meet the established criteria proposed in this project.

Criteria

1. Cost - The cost of establishing the initial data base and of maintaining it once established must be minimal. The system(s) must not require the purchase and operation of new, elaborate, automated data processing equipment or other large capital outlays.

2. Manpower - The system(s) for establishing and maintaining the data base must not increase the total number of required personnel at the installation level by more than one space. Preferably, the additional workload will be absorbed as a minor additional duty for existing administrative/clerical personnel.

3. Accuracy - Data collected by the system(s) must be accurate so as to preclude misallocation of limited resources. The system(s) must preclude double counting, placing handicapped family members in

the wrong medical condition category, erroneously including dependents of other than active duty Army personnel and other such errors which would present a distorted composite picture of the extent of handicapped family members in the community.

4. Completeness - The system(s) should ensure capturing data on at least 90 percent of the potential population of handicapped family members of active duty Army personnel within the Fort Benning area.

5. Public Acceptance - The system(s) to identify the desired population must not embarrass the sponsors or family members by asking them to identify handicapped family members in public or create an impression that identifying handicapped family members will adversely affect assignments, promotions, retention or any other personnel actions.

Literature Review

Computerized as well as manual reviews of the current literature were conducted. A wealth of information is available dealing with the broad subject of handicaps. Most of the literature, however, deals with the clinical identification and management of various handicapping conditions.

A computerized literature search of the National Library of Medicine using the "MEDLINE" system was conducted. The search logic combined the topic tags of "handicap" and "delivery of health care." The search was limited to English language publications. No date restrictions were included. The search produced the titles of 43 articles.

No evidence was found in the current literature indicating that any studies to determine the extent of handicapped individuals within any segment of the population have been or are being conducted. A project to address the problems of assessing the demand for handicap medical services or establishing a system to identify handicapped individuals within a population will contribute new information to the body of knowledge currently available.

Review of the literature did provide an insight into the difficulty in defining the term "handicap." No list of physical, mental or medical problems enumerating those conditions considered to be a handicap could be found. The most concise definitions of "handicap" come from government regulations which seek to provide specific eligibility criteria for benefits.

Research Methodology

The major objective of this research effort was to identify a specific subpopulation within the catchment area population supported by Martin Army Community Hospital (MACH). This could be done in one of two ways. The researcher could start with the entire population and progressively eliminate those not within the desired parameters. This approach is essentially the process of elimination and is illustrated in Figure 1. The other method of identifying the desired subpopulation is to start from a zero base, identifying members of the

FIGURE 1

IDENTIFYING HANDICAPPED FAMILY MEMBERS OF
ACTIVE DUTY PERSONNEL BY THE ELIMINATION PROCESS

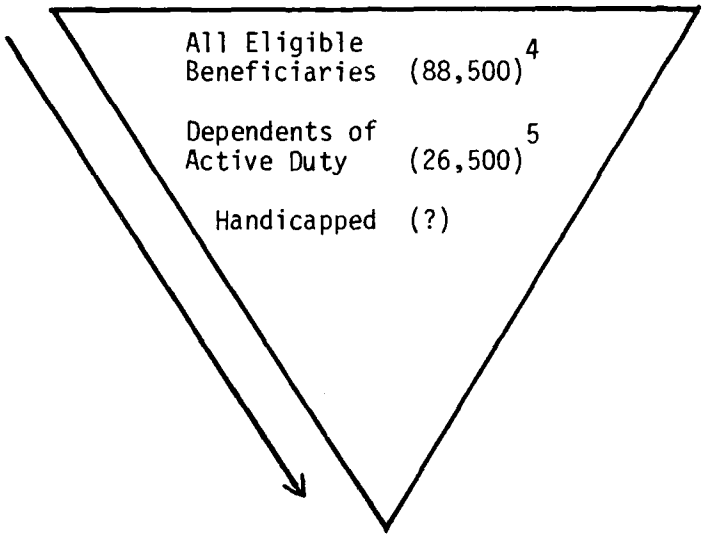
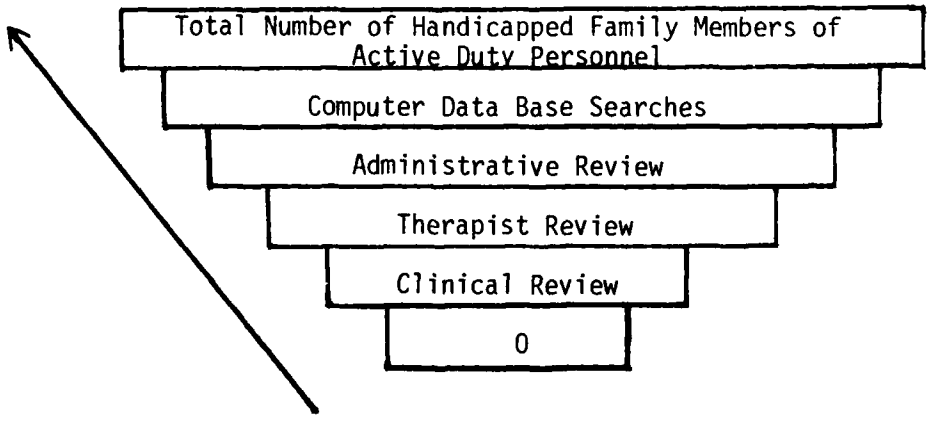


FIGURE 2

IDENTIFYING HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY
PERSONNEL BY THE ZERO BASE OR BUILDING BLOCK PROCESS



population utilizing various sources and cumulating the results. This approach is called the Zero Based or Building Block Process and is illustrated in Figure 2.

The elimination process was not used in this project because it would have been extremely time-consuming for any existing work force within the Medical Department Activity (MEDDAC), Fort Benning. All outpatient medical records on file at MACH (approximately 105,000) would have to be reviewed to identify first, family members; then, family members of active duty personnel; and finally, handicapped family members of active duty personnel. Even this lengthy process could not be assured of identifying all of the desired subpopulation because some potential members of the subpopulation may not have outpatient records on file at MACH.

Using the zero based approach described above, a number of existing data bases were screened to identify patients who fell within the parameters desired. The following data bases and sources were evaluated and/or screened:

1. Computerized Civilian Health and Medical Care of the Uniformed Services (CHAMPUS) preauthorized beneficiary roster, Office of CHAMPUS, Aurora, Colorado.

2. Computerized Individual Patient Data System (IPDS) files, United States Army Patient Administration Systems and Biostatistics Activity (PASBA), Fort Sam Houston, Texas.

3. Manual Learning Abilities Center files, Martin Army Community Hospital.

4. Manual Handicapped Parking Sticker Application files, Martin Army Community Hospital.

5. Manual Medical Inquiry files, Martin Army Community Hospital.

6. Manual Appointment Log Books, Martin Army Community Hospital.

7. Computerized Appointment System, Martin Army Community Hospital.

8. Consolidated Military Personnel Activity (COMPACT) files, Fort Benning, Georgia.

9. Clinic files, Martin Army Community Hospital.

10. Population survey.

11. Personnel Processing Center (PPC), Fort Benning, Georgia.

12. Health Records Screening Team (HRST), MEDDAC, Fort Benning, Georgia.

13. Army Community Services (ACS), Fort Benning, Georgia.

14. Civilian agencies in the Fort Benning, Georgia area.

All of these potential sources of data were reviewed to determine their potential for identifying handicapped family members of active duty personnel both retroactively and on an ongoing basis to update the roster.

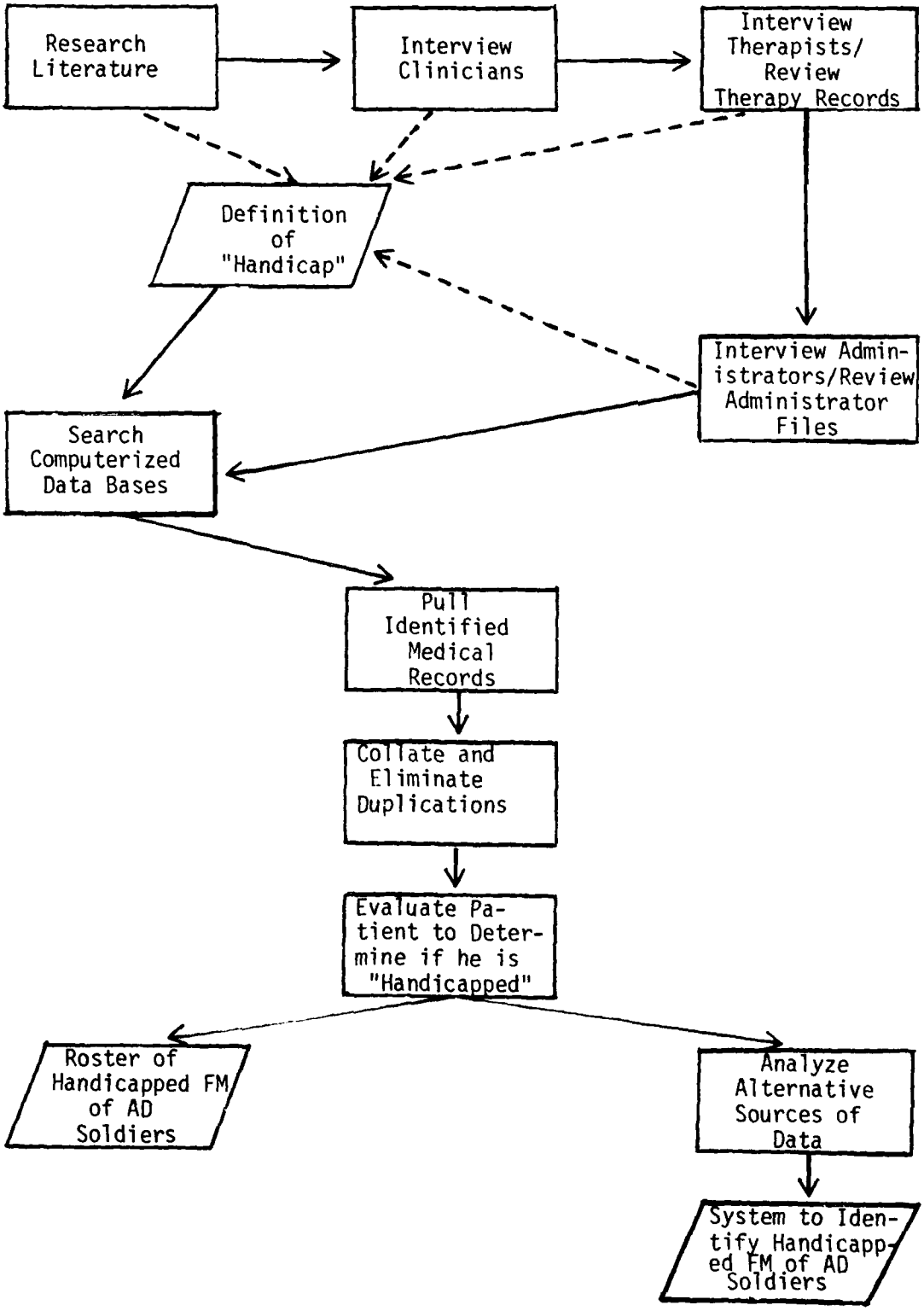
Personal interviews were used extensively in this project. Ongoing dialog was maintained with individuals listed in the bibliography. Since this is an applied research project, efforts were made to keep in touch with reality and avoid producing a purely academic product with little practical use. Individuals interviewed included physicians, nurses, therapists and handicap program administrators all of whom had

some dealings with handicapped patients on a routine basis.

Figure 3 depicts the research methodology utilized in this GRP to design a system to identify handicapped family members of active duty soldiers at Fort Benning, Georgia.

FIGURE 3

MODEL FOR RESEARCH METHODOLOGY TO DESIGN A SYSTEM TO IDENTIFY HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY SOLDIERS (FM = FAMILY MEMBERS, AD = ACTIVE DUTY)



Footnotes

[1]United States Department of the Army, Regulation (AR) 40-3, Medical, Dental, and Veterinary Care (Washington, D. C.: 1 December 1977): p. 4-9.

[2]Paul T. Furukawa, MAJ, MSC, Research and Technology Work Unit Summary, Title: Active Duty Soldiers and Their Handicapped Family Members (Fort Sam Houston, Texas: 18 January 1982): p.1.

[3]Paul T. Furukawa, MAJ, MSC, Telephone: Commercial (512) 221-3116/6514, AUTOVON 471-3116/6514.

[4]Director of Resources Management, Feeder for Budget Development and Review Report RCS ATRM-105 (Fort Benning, Georgia: April 1982): p. 2. (Copy attached in Appendix C).

[5]Ibid., p.1.

II. DISCUSSION

Definition of Handicap

It is extremely difficult if not impossible to provide a definition of the term "handicap" or to provide a comprehensive list of handicapping conditions. Any disease, injury, birth defect, or mental condition which may handicap an individual has an infinite number of degrees of seriousness. For example, deafness can range from mild hearing loss in one ear to total loss in both ears. The point at which the condition becomes a handicap is debatable. Audiologists, otolaryngologists and speech therapists will differ on what degree of hearing loss constitutes a handicap. What may be a debilitating condition to one individual may not be to another depending on his age, sex, job, motivation, tolerance to pain and other factors.

The following are definitions of "handicap/handicapped" taken from various sources:

> 1. Webster, "handicap - a disadvantage that makes achievement unusually difficult; especially a physical disability that limits the capacity to work."[1]
>
> 2. Random House, "handicapped - (1) crippled or physically disabled. (2) mentally deficient."[2]
>
> 3. Department of the Army, "handicap - any physical, emotional, or intellectual disorder that limits an individual's capability to engage in pursuits with peers and which requires specialized treatment, therapy, education, training, or counseling."[3]
>
> 4. CHAMPUS, "serious physical handicap - means a medical condition of the body which. . . . is expected to

> result in death, or which has lasted, or with reasonable certainty is expected to last, for a minimum of twelve (12) months; and. . . . the condition is of such severity as to preclude the individual from engaging in substantially basic productive activities of daily living expected of unimpaired persons of the same group."[4]
>
> 5. CHAMPUS, "mental retardation refers to subnormal general intellectual functioning and is associated with impairment of either learning and social adjustment or maturation, or both."[5]

The National Center for Health Statistics (NCHS), United States Department of Health and Human Services conducts health surveys and publishes statistical data on the results. These reports contain data on the number and distribution of persons with chronic conditions which limit activity. No NCHS reports could be found that used the term "handicap." The NCHS uses the phrase "activity limitation" and defines major activity as "the ability to work, keep house or engage in school activity or preschool activity.[6] Appendix C contains NCHS definitions of terms relating to chronic conditions and activity limitations. It is felt that the NCHS definitions and criteria are not restrictive enough to use as criteria for defining handicapped in this GRP.

The Health Care Studies Division (HCSD), Academy of Health Sciences is currently in the process of deriving operational definitions and categories of "handicapping conditions." The HCSD is accomplishing this by forming a panel of selected subject matter experts who will employ the Delphi Technique to arrive at a consensus on relevant definitions

and handicapping conditions.

The most comprehensive definitions of the relevant terms and conditions associated with handicapped persons existing in the current literature are found in federal regulations which delineate criteria for receiving federal benefits. The CHAMPUS Regulation, DOD 6010.8-R, provides comprehensive definitions of "mental retardation" and "serious physical handicap" in Paragraphs D and E of Chapter V. (See Appendix D). These paragraphs list specific handicapping conditions and provide criteria for determining eligibility to receive CHAMPUS reimbursement for each condition.

Table 1 lists handicapping conditions as extracted from DOD Regulation 6010.8-R, Chapter V, Paragraphs D and E. The complete CHAMPUS criteria are contained in Appendix D. The CHAMPUS definition/criteria found in Table 1 will be used to determine which individuals will be considered handicapped in this Graduate Research Project.

TABLE 1

A LIST OF HANDICAPPING CONDITIONS EXTRACTED FROM CHAMPUS REGULATIONS[7]

Handicap	
Mental Retardation	
Moderate	IQ = 36-51
Severe	IQ ≤ 35
Visual Impairment	
Age 7 and Over	≤ 20/200 after correction
Under Age 7	≤ 20/60 uncorrected
Deafness	
Age 7 and Over	No air or bone conduction even with hearing. Able to hear < 40 percent of words spoken.
Under Age 7	≥ 30 decibel hearing loss without hearing aid in one or both ears.
Epilepsy	
Parkinson's Disease	
Cerebral Palsy	
Multiple Sclerosis	
Muscular Dystrophy	
Degenerative Neurological Diseases	
Musculoskeletal System Impairments	
Serious Respiratory System Impairments	
Serious Trauma Related Impairments	
Diabetes Mellitus with Severe Physical Limitations	
Multiple Conditions which Delimit Daily Living Activities	

Population

The population of the catchment area served by Martin Army Community Hospital is approximately 90,000 personnel. This includes all categories

of eligible beneficiaries living within the Fort Benning; Columbus, Georgia and Phenix City, Alabama area. The size and composition of Martin Army Community Hospital's catchment area is shown in Table 2.

TABLE 2

AUTHORIZED BENEFICIARIES OF MILITARY HEALTH CARE IN THE CATCHMENT AREA OF MARTIN ARMY COMMUNITY HOSPITAL (MACH)[8]

Catchment Population	
Active Duty	25,890
Dependents, Active Duty	26,536
Retirees	9,710
Dependents, Retirees and Deceased	20,535
Others (Recruiters, Reserve Units)	5,863
Total:	88,534

The figures contained in Table 2 were taken from a report prepared each month by the Director of Resources Management, Fort Benning, Georgia. The number are estimates since no formal surveys are conducted to establish the actual population supported by Fort Benning. A copy of the complete feeder report is at Appendix E.

Handicapped Data Sources

The success in identifying handicapped family members of active duty soldiers using each of the sources listed in the research methodology section of this paper follows. The amount of time and money expended

for each method of identification must be compared with the results to determine the value of each.

CHAMPUS

The Office of Civilian Health and Medical Care of the Uniformed Services (OCHAMPUS), Aurora, Colorado, maintains a computerized data base of family members of active duty personnel enrolled in the CHAMPUS Program for the Handicapped who must be approved by OCHAMPUS before receiving handicapped benefits.[9] Using their computer system, OCHAMPUS can provide rosters of individuals enrolled in their programs in each state. Appendix F is a copy of preauthorized CHAMPUS beneficiaries in the State of Georgia as of 30 April 1982.

The following is a list of data fields included on a CHAMPUS "Daily Benefit Authorization Branch Roster of Active Cases" and an explanation of each field.[10]

"Control Number" - An internal sequencing number used by OCHAMPUS.

"Beneficiary Name" - The patient.*

"Sponsor Name" - The patient's military sponsor.

"Sponsor SSN" - Social Security Number of the military sponsor and the number by which the beneficiary's medical record would be filed in the servicing medical treatment facility.*

*The data fields asterisked above provided information useful in identifying handicapped dependents of active duty soldiers at Fort Benning.

An untitled column between "Sponsor SSN" and "Current Status" with one of the following alpha numeric codes:

A = Active Duty

B = Dependent Spouse

C# = Dependent Child (# indicates the number of children)*

"Current Status" - A series of alpha codes indicating the internal processing status within OCHAMPUS and a date. The following alpha codes are used:

SS = Suspense

DA = To Data Processing

WP = To Word Processing

DM = To Medical Director for some sort of decision

"Action Officer" - The Action Officer within OCHAMPUS handling the case.

"PRG" - A single alpha code indicating whether the beneficiary is in the Basic (B) CHAMPUS Program or the Program for the Handicapped (H).*

"Case Number" - Formerly a file number assigned to each beneficiary but now the same as the social security account number.

"TYPE" - An alpha numeric code indicating the specific type of benefits provided by CHAMPUS to each beneficiary.

"LOC" a blank file, no information is stored or printed in this column.

*The data fields asterisked above provided information useful in identifying handicapped dependents of active duty soldiers at Fort Benning.

The computer printout was used to retrieve those outpatient records on file at Martin Army Community Hospital. Of the 110 beneficiaries listed on the CHAMPUS roster, 23 had outpatient records on file at Martin Army Community Hospital. These records were pulled and reviewed to determine the type of handicap, date of last visit to Martin Army Community Hospital and the type of medical resources needed to provide care for the patient. Table 3 shows the results of an analysis of the CHAMPUS computer printout.

TABLE 3

ANALYSIS OF CHAMPUS DAILY BENEFIT AUTHORIZATION BRANCH ROSTER OF ACTIVE CASES IN GEORGIA AS OF 30 APRIL 1982

Number of Active CHAMPUS Beneficiaries in Georgia	110
Number of Georgia Beneficiaries Enrolled in Program for the Handicapped	53
Number of Handicapped Beneficiaries Having Outpatient Medical Records on File at Martin Army Community Hospital	22

It is recognized that this list of handicapped individuals does not include those who are in the Fort Benning area but live in Alabama. Alabama should be included in any future searches of the CHAMPUS data base when dealing with the Fort Benning population.

Individual Patient Data System

The Patient Administration Systems and Biostatistics Activity (PASBA)

at Fort Sam Houston, Texas, maintains a computerized data base of information on all patients hospitalized in United States Army medical treatment facilities. The system is called the Individual Patient Data System (IPDS).

A search of the IPDS was constructed by the author of this study in conjunction with a physician,[11] an occupational therapist specializing in learning disabilities,[12] and an Accredited Records Technician (ART).[13] The parameters of the search were as follows:

Medical Treatment Facility = Fort Benning

Dates = March 81 - February 82

Category of Patient = Dependent of Active Duty Army (A50)

Medical Diagnosis = A list of 78 ICD-9 Diagnosis Codes[14]

Seventy-eight diagnoses codes likely to be associated with handicapping conditions were selected from a list of 999 three-digit categories contained in the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death and are shown on Page G-3 of Appendix G.

The complete results of the IPDS search are found at Appendix G. The search identified 229 patients. The IPDS printout contains the following information for each of the 229 patients:

Social Security Number

Hospital Register Number

Sex

Age

Race

Date of Disposition

Number of Bed Days

Number of Sick Days

Primary Diagnosis

Secondary Diagnoses

The IPDS printout also provides frequency distributions for the 78 requested diagnoses and for all diagnoses listed for each of the 229 patients.

The inpatient medical records for all 229 patients were pulled and screened to see if the patient actually had a handicapping condition. The results of the screening are shown in Table 4.

TABLE 4

RESULTS OF IPDS SEARCH FOR HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY PERSONNEL AT FORT BENNING, GEORGIA

Number of Patients Identified by IPDS	229
Number of Handicapped Family Members of Active Duty Service Members	22

Learning Abilities Center Records

The Occupational Therapy Section of the Medical Department Activity, Fort Benning, operates a Learning Abilities Center for children of authorized beneficiaries. The center maintains manual files on all children seen for evaluation and/or therapy. These files include 56 active patients, 98 recently inactivated (successful completion of therapy, moved, parents stopped bringing child) and approximately 600 "old inactive files."

All active files as of April 1982 were reviewed to determine which patients could be considered handicapped according to CHAMPUS criteria. The numerical results of the screening process are shown in Table 5.

TABLE 5

RESULTS OF SCREENING LEARNING ABILITIES CENTER RECORDS TO DETERMINE THE NUMBER OF HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY PERSONNEL AT FORT BENNING, GEORGIA

Number of Records Available	754
Old Inactive Records	600
Recent Inactive Records	98
Active Records	56
Mild Learning Disabilities	42
Handicapping Learning Disability	14

Handicap Parking Application Files

The Medical Department Activity, Fort Benning, issues handicapped parking stickers for the designated handicapped parking spaces in the hospital

parking lot. In order to obtain a handicapped parking sticker, a patient must obtain a medical statement from a physician, complete an Application for Handicapped Parking (FB(MED)FM 401), and receive approval from the hospital's Chief of Professional Services. The applications and medical statements are filed in the Patient Affairs Branch of the Patient Administration Division. Samples of the forms used to obtain handicapped parking stickers are found at Appendix H.

Handicapped parking application files from 1978 to 1982 were screened. Of 529 applications on file, 44 were found to be for family members of active duty personnel. When outpatient medical records were checked, it was found that 26 of the 44 patients identified were still residing in the Fort Benning area, and that only 19 of the 26 were truly handicapped according to the CHAMPUS criteria. The numerical results of screening handicapped parking sticker application files are shown in Table 6.

TABLE 6

RESULTS OF SCREENING HANDICAPPED PARKING APPLICATIONS TO DETERMINE THE NUMBER OF HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY PERSONNEL AT FORT BENNING, GEORGIA

Handicapped Parking Applications	529
Retired or Family Members of Retired/Deceased	469
Active Duty	16
Family Member of Active Duty	44
Still at Fort Benning	26
Actually Handicapped	19

Medical Inquiry Files

Army personnel regulations provide for special consideration in making assignments for personnel with handicapped family members.[15] Applications for such consideration must include medical statements signed by a physician.[16] The Patient Affairs Branch, Patient Administration Division of Army medical treatment facilities maintain files of these medical statements in Medical Care Inquiry Files (Army Functional File Number 904.01).[17]

The medical care inquiry files for calendar years 1980 through 1982 at the MEDDAC, Fort Benning, were screened. Fifty-three (53) medical statements were on file. A review of the 53 medical statements identified nine handicapped family members of active duty personnel at Fort Benning, Georgia. A review of outpatient medical records indicated that only 2 of the 9 handicapped patients were still at Fort Benning (determined by the fact that an outpatient record was on file at MACH) and that both were in fact handicapped, according to CHAMPUS criteria. The results of screening the medical care inquiry files are shown in Table 7.

TABLE 7

RESULTS OF SCREENING MEDICAL CARE INQUIRY FILES TO DETERMINE THE NUMBER OF HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY PERSONNEL AT FORT BENNING, GEORGIA

Medical Statements on File	53	
Compassionate Reassignment	22	(7)*
Deletion from Overseas Orders	7	(2)*
Compassionate Discharge	2	
Security Clearance	9	
Exception to On-Post Housing Rules	3	
Line-of-Duty	7	
Investigation for Administrative or Legal Action	3	
Statements Pertaining to Handicapped Family Members		(9)*
Still at Fort Benning		2
Actually Handicapped		2

*Parentheses ( ) indicates number of handicapped family members.

Non-Productive Sources

A number of other potential sources for identifying handicapped family members of active duty service members were considered. Preliminary investigation of these sources indicated that the source would produce no names; that the number of patients identified would be so few that the time and effort to investigate could not be justified;

or that regulations or attitudes of people involved would not permit exploring the source any further.

COMPACT

The Consolidated Military Personnel Activity (COMPACT), Fort Benning, Georgia, provides centralized personnel support to all active duty service members stationed at Fort Benning. This support includes processing of all applications for:

1. Entry into the Assignment of Personnel with Physically, Emotionally or Intellectually Handicapped Dependents Program under provisions of Army Regulation 614-203.[19]

2. Individual requests for Permanent Change of Station (PCS) (compassionate reassignment) under provisions of AR 614-200.[20]

3. Individual requests for deletion from assignment instructions under provisions of AR 614-200.[21]

The files maintained by the COMPACT for the above personnel actions were not useful in identifying handicapped family members of active duty soldiers at Fort Benning for two reasons.

1. No applications for entry into the Handicapped Dependents Program (AR 614-203) have been processed by the COMPACT during the past two years. According to the personnel clerks and supervisors at the Fort Benning COMPACT, career-minded soldiers are reluctant to apply for this program because they perceive that it limits assignments and their career development opportunities.[22]

2. Applications for individual requests for reassignment or deletion from assignment instructions for medical problems require that a signed medical statement accompany the application.[23] Such statements are generally provided by the servicing medical treatment facility and copies are filed in the Patient Affairs Branch of the hospital's Patient Administration Division. Thus, a review of COMPACT files would be redundant of the medical inquiry files review.

Personnel Processing Center/Health Records Screening Team

Fort Benning operates a Personnel Processing Center (PPC) to provide one-stop, consolidated inprocessing for all military personnel. The MEDDAC, Fort Benning, has a Health Records Screening Team (HRST) which screens the medical records of all active duty personnel in the grades of E-6 and below. The officers and noncommissioned officers in charge of both the PPC and the HRST were visited to determine if there was any potential for using either of these centralized sources to identify handicapped family members of active duty personnel. Neither the PPC nor the HRST collect, screen or in any way process the medical records of family members. It is the individual responsiblity of each active duty sponsor to deliver the medical records of his family members directly to the servicing medical treatment facility. Therefore, neither source provides any capability to identify handicapped family members.

Hospital Appointment Systems

Each clinic at Martin Army Community Hospital (MACH) maintains a manual appointment book for each clinician or uses the decentralized Martin-Marietta Computer Appointment System (CAS). The manual systems and the CAS were investigated to see if there was any potential for identifying handicapped patients. As presently operated, neither the manual systems nor the CAS includes information about the medical problem for which appointments are made. The CAS has the capability to record such data, but this capability is not being utilized.

Clinic Files

Clinics which would see the majority of handicapped patients were checked to see if they maintained information on their patients other than the standard outpatient medical record. The clinics which were checked included the family practice, pediatrics, orthopedics, audiology and medical specialty clinics. None of these clinics maintain card files, rosters or any other records on patients in addition to the standard outpatient record.

Survey

A survey of the local population or some segment of the population was considered but not used for the following reasons:

1. The consensus of military personnel clerks and supervisors at the Fort Benning COMPACT was that military personnel have an aversion to identifying family problems such as the presence of handicapped

children, spouses or dependent parents for fear of limiting their assignments and career opportunities.[24]

2. Most medical practitioners, therapists and handicapped assistance agency workers interviewed during this research project agree with the author that parents of handicapped children experience emotions similar to the death, dying and grief process. Parents often progress through the emotional stages of denial, anger, bargaining, depression and acceptance.[25] During the denial and anger stages, parents are reluctant to talk to strangers about their problem and would not be likely to respond accurately to a survey.

3. Initial results of screening other sources in attempting to identify handicapped individuals indicate that although the percentage of handicapped persons in the entire population supported by Martin Army Community Hospital is significant, a majority of these patients are retired or family members of retired/deceased military personnel. The number of handicapped persons who are family members of personnel still on active duty is relatively low. The amount of time and resources required to conduct an accurate survey are considerable. The expected results in terms of numbers of handicapped family members of active duty personnel that could be identified through a survey did not justify pursuing this method.

Army Community Services

The Fort Benning Army Community Services (ACS) operates a Handicapped

Dependents Program. The Program consists of providing assistance to service members with handicapped family members undergoing reassignments, referral to other Army and local civilian agencies equipped to assist handicapped persons, and operating recreational activities for handicapped persons. The Army Community Service maintains files on cases where assistance is provided to service members with handicapped family members. These cases generally require a medical statement so these individuals can be identified by reviewing the Medical Care Inquiry files in the servicing medical treatment facility.[26] Appendix I contains information on the Army Community Services' Handicapped Dependents Program.

Civilian Agencies

A number of civilian agencies in the Columbus, Georgia area which provide assistance to handicapped individuals were contacted. Agencies were identified from the West Georgia Interagency Guide[27] (See Appendix J), and by personal referral by individuals interviewed in conducting research for this project. None of the civilian agencies contacted maintained data on individuals they assist which would allow a determination of whether the patient was a family member of an active duty military person.

Roster of Handicapped Family Members

The results of each of the methods pursued in identifying handicapped family members of active duty personnel at Fort Benning, Georgia were collated to eliminate duplication and a final roster was prepared. The

roster is found at Appendix K.

The total number of identified handicapped family members of active duty personnel residing in the Fort Benning, Georgia area as of April 1982 (using the CHAMPUS criteria) was seventy-seven (77). Comparing this figure with the number of family members of active duty personnel residing in the Fort Benning area of 26,536 taken from Table 2, 0.29 percent of the family members of active duty personnel at Fort Benning are handicapped.

The only figures available in the current literature for comparison were National Center for Health Statistics (NCHS) data on the number of persons with limited major activity due to chronic conditions. This NCHS category roughly equates to the term "handicapped" as used in this GRP (see previous discussion on Page 15 and Appendix C). National Center for Health Statistics' figures for persons of both sexes but under the age of 45 years were used for comparison because this group equated most closely with the characteristics of the Fort Benning subpopulation under study. All but two of the 77 handicapped family members identified (97.4 percent) were wives or children under the age of 45. The NCHS reported that 4.17 percent of the population nation-wide[29] and 0.8 percent of the population in the State of Georgia[30] suffer with limitation in major activity due to chronic conditions. A comparison of these figures is displayed in Table 8.

TABLE 8

COMPARISON OF THE NUMBER OF HANDICAPPED PERSONS AMONG THE FAMILY MEMBERS OF ACTIVE DUTY MILITARY PERSONNEL AT FORT BENNING, GEORGIA; THE NATIONAL POPULATION UNDER THE AGE OF 45; AND THE POPULATION OF THE STATE OF GEORGIA UNDER THE AGE OF 45

	POPULATION	NUMBER HANDICAPPED	PERCENT HANDICAPPED
Family Members of Active Duty Personnel at Fort Benning	26,536[31]	77	0.29%
United States Population Under 45	150,496,000[32]	6,283,000[33]	4.17%
State of Georgia Population Under 45	3,257,000[34]	26,056	0.80%[35]

Comparison of Identification Methods

A comparison of each of the methods of identifying the handicapped family members of active duty personnel in terms of the criteria described in Chapter 1 is shown in Table 9.

None of the identification methods cost any money for equipment, computer time or materials. All of the methods employed to identify handicapped persons were accomplished by the researcher himself with minimal clerical assistance. Only the survey method, which was not used for reasons discussed previously, would have required a significant amount of manpower.

TABLE 9

COMPARISON OF METHODS USED TO IDENTIFY THE HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY SERVICE MEMBERS AT FORT BENNING, GEORGIA

IDENTIFICATION/ METHOD	CRITERIA				
	COST	MANPOWER	ACCURACY	COMPLETENESS	PUBLIC ACCEPTANCE
CHAMPUS	0	<1	41.5%	28.6%	+
IPDS	0	<1	9.6%	28.6%	+
Learning Abilities Center	0	<1	25%	18.2%	+
Handicapped Parking	0	<1	3.6%	24.7%	+
Medical Inquiry Files	0	<1	3.8%	2.6%	+
Appointment Records	0	N/A	N/A	N/A	N/A
COMPACT	0	N/A	N/A	0	-
Clinic Files	0	N/A	N/A	N/A	N/A
Survey	0	1	N/A	N/A	-
PPC/HRST	0	N/A	N/A	N/A	N/A
ACS	0	N/A	N/A	N/A	N/A
Civilian Agencies	0	<1	N/A	N/A	N/A

N/A = Not applicable because the method was not used.
\+ = Positive public acceptance.
\- = Negative public acceptance.

The accuracy of each identification method was assessed by comparing the number of individuals actually having a valid handicap with the total number of individuals initially identified by the method. For example, the CHAMPUS printout indicated that there were 53 beneficiaries enrolled in the CHAMPUS handicapped program in Georgia. Only 22 of these had records on file at Fort Benning. This indicates that 22 of 53 individuals identified were in the target population (22 divided by 53 = 41.5%).

The completeness of each method is a measure of the percentage of the target population which was identified by that method. A total of 77 individuals were identified. The number identified by each method was divided by 77 to arrive at a percentage of the target population identified by each method. The percentages add up to more than 100 percent because there were three individuals identified by both CHAMPUS and IPDS.

Public acceptance was not a factor in most of the methods which were actually used to identify handicapped family members because neither the patients nor their families knew they were being evaluated. Only when the family must become involved in the identification process is there even a chance of negative public acceptance. The lack of success with the COMPACT and survey methods were somewhat influenced by negative public attitude as discussed previously in this chapter.

Footnotes

[1]Philip Babcock Gove, Ph.D., ed., Webster's Third New International Dictionary (Springfield: G&C. Merriam Company, 1971), p. 1027.

[2]Jess Stein, ed., The Random House College Dictionary Revised Edition (New York: Random House, Inc., 1980) p. 599.

[3]United States Department of the Army, Regulation (AR) 614-203, Assignment of Personnel with Physically, Emotionally or Intellectually Handicapped Dependents (Baltimore, Maryland: December 1, 1977), p. 2.

[4]Department of Defense (DOD), Department of Health, Education and Welfare, DOD Regulation 6010.8-R, Civilian Health and Medical Care of the Uniformed Services (CHAMPUS) (Washington, D. C.: January 10, 1977), p. 11 of Chapter V.

[5]Ibid., Chapter V, p. 10.

[6]United States Department of Health and Human Services (HHS), National Center for Health Statistics (NCHS), Current Estimate from the National Health Interview Survey: United States 1980. (Washington, D. C.: U.S. Government Printing Office, December 1981), p. 24.

[7]DOD Regulation 6010.8-R, Chapter V., p. 10-15.

[8]Office of the Director for Resources Management, Fort Benning, Georgia, Feeder for Budget Development and Review Report, April 1982. (See Appendix E).

[9]DOD Regulation 6010.8-R, Chapter V., p. 4.

[10]*Telephonic Interviews with Betty* Lopez, Benefits Authorization Branch, Office of Civilian Health and Medical Care of the Uniformed Services (OCHAMPUS), Aurora, Colorado (Tel. (303) 361-3757), 14 June 1982.

[11]Sigfredo Aldarondo, Chief, Internal Medicine Service, Martin Army Community Hospital, Fort Benning, Georgia.

[12]Ann G. Phillips, Chief, Learning Abilities Center, Occupational Therapy Service, Martin Army Community Hospital, Fort Benning, Georgia.

[13]Faye B. Roshto, ART, Supervisor, Medical Records and Reports Branch, Patient Administration Division, Martin Army Community Hospital, Fort Benning, Georgia.

[14]World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, International Classification of Diseases Ninth Revision (ICD-9), Volume 1 (Geneva: 1977), p.p. 3-34.

[15]AR 614-203, p. 1 and United States Department of the Army, Regulation (AR) 614-200 Selection of Enlisted Soldiers for Training and Assignment (Baltimore, Maryland: March 1980) p. 3-3.

[16]AR 614-200, Para 3-6a(1), p. 3-3 and AR 614-203, Para 7, p. 4.

[17]United States Department of the Army, Regulation (AR) 340-21-9, The Army Privacy Program - System Notices and Exemption Rules for Medical Function (Baltimore, Maryland: 1 April 1977) p.p. 7-8.

[18]AR 614-200, p. 3-3.

[19]AR 614-203, Para 8, p. 4.

[20]AR 614-200, Chapter 3, p.p. 3-1 thru 3-13.

[21]Ibid.

[22]Interviews with: John Crowson, SFC, US Army, Noncommissioned Officer-In-Charge (NCOIC), Personnel Actions Branch, Consolidated Military Personnel Activity (COMPACT), Fort Benning, Georgia, 6 April 1982 and Bertha Johnson, Military Personnel Clerk, Personnel Actions Branch COMPACT, Fort Benning, Georgia, 6 April 1982.

[23]AR 614-200, Para 3-6(1), p. 3-3.

[24]Interviews with Crowson and Johnson.

[25]Richard A. Kalish, Death, Grief and Caring Relationships (Monterey, California: Brooks/Cole Publishing Company, 1981), p.p. 183-185.

[26]Interview with David Flemming, SGT, US Army, Handicapped Dependents Program Specialist, Army Community Services, Fort Benning, Georgia, 8 April 1982.

[27]West Georgia Interagency Guide is a directory of social agencies in the West Georgia area prepared by the West Georgia Interagency Council. The approximately 50 page directory can be obtained by writing Cathy Webb, Child Service Coordinator, 5801 Armour Road, Columbus, Georgia 31904 (Tel (404) 323-0551) or Margie Oliver GLRS Director, 1532-5th Avenue, Room Number 28, Columbus, Georgia 31901 (Tel (404) 324-5661, Extension 258).

[28]HHS, NCHS, Current Estimates from the National Health Interview Survey: United States 1980, p. 24.

[29]Ibid.

[30]United States Department of Health, Education and Welfare (HEW), National Center for Health Statistics (NCHS), State Estimates of Disability and Utilization of Medical Services: United States, 1969-71, DHEW Publication, No. (HRA) 77-1241 (Washington, D. C. : US Government Printing Office, January 1977) p. 26.

[31]Office of the Director for Resources Management, Fort Benning, Georgia, Feeder Report.

[32]HHS, NCHS, Current Estimates from the National Health Survey: United States 1980, p. 24.

[33]Ibid.

[34]DHEW Publication No. HRA 77-1241, p.26.

[35]Ibid.

III. CONCLUSION

The total number of handicapped family members of active duty military personnel at Fort Benning, Georgia appears to be low (77 out of 26,536 or 0.29 percent). This is probably due at least in part to two factors.

1. The CHAMPUS definition of handicapped which was adopted for use in this study is somewhat restrictive. Several individual sponsors interviewed during the course of conducting research for this GRP indicated that they felt that they had handicapped children but could not get them accepted by the CHAMPUS Handicapped Program.

2. The active duty military population is undoubtedly healthier than the general population of the same age group. This is due to the physical standards for entrance and retention on active duty, the emphasis on physical fitness, and the benefit of free medical care. This "healthiness" of the active duty population may extend to their family members as well.

Identification of the Existing Handicapped Population

The low incidence of identification of handicapped family members by two or more methods is of interest. Only three individuals were identified by two sources. These were all children who were identified by CHAMPUS and IPDS. This clearly indicates that no one method or source can be used to initially identify the handicapped family members of active duty personnel.

The CHAMPUS computer data base provided a good initial means of

identifying truly handicapped family members. The only reason the accuracy of this source was not higher than 41.5 percent, as shown in Table 9, was that the computer cannot sort beneficiaries into more restrictive geographical boundaries than states. The only disadvantage to the CHAMPUS identification source is that the handicapping condition is not listed by the computer. Outpatient medical records had to be pulled to determine the nature of the handicap.

The IPDS provided comprehensive information on each individual identified including the handicapping condition. However, an accuracy figure of only 9.6 percent, as shown in Table 9, indicates that the IPDS search parameters need to be narrowed. Prior to using the IPDS source for any further identification of handicapped individuals, the disease classification codes should be reviewed and made more restrictive.

The Learning Abilities Center files accuracy rate of 25 percent, shown in Table 9, would have been much higher if the criteria for being considered handicapped were less stringent than used in this study. Learning disabilities have an infinite number of degrees of seriousness. Any child enrolled in a learning abilities program no doubt needs this special type of occupational therapy and could be considered "handicapped."

The handicapped parking application files identified a significant number of handicapped family members (24.7 percent according to Table 9), particularly adults who would not be enrolled in the CHAMPUS handicapped

program or the Learning Abilities Center Program. Although the accuracy rate shown in Table 9 of only 3.6 percent was low, a minimal amount of time and effort is necessary to screen this source and it is considered a good source of identification.

The review of medical inquiry files only identified 2.6 percent of the handicapped population, and only 3.8 percent of the cases reviewed were for handicapped family members of active duty personnel currently residing in the Fort Benning area. This data source is not considered to be worth the time and effort necessary to identify the desired sub-population.

Solution of the Problem

To reiterate the statement of the problem identified in this Graduate Research Project (GRP). . . . the problem is to determine the optimal feasible system to identify the number of handicapped family members of active duty soldiers by name and categorize them by medical diagnosis/handicap condition. In the discussion of the research methodology, to be used in solving this problem, three steps were identified.

1. Define handicap.
2. Produce a roster of handicapped family members of active duty soldiers listing their handicap.
3. Determine the optimal feasible system of identification.

The best definition was determined to be the CHAMPUS definition. A

list of handicapping conditions was provided in Table 1.

The roster of handicapped family members of active duty soldiers at Fort Benning, Georgia was produced. The roster is included as Appendix K rather than in the body of the GRP for two reasons. First, the names on the roster will change constantly as personnel arrive and depart the Fort Benning area. Second, the roster is sensitive information and should not be released to the general public. The appendix can be removed from the finished GRP if persons other than the United States Army-Baylor faculty or HCSD wish to read the final product.

The optimal feasible system for identifying the handicapped family members of active duty military personnel at Fort Benning (or any other military post) is to screen a combination of the following sources:

1. CHAMPUS computerized preauthorized beneficiary rosters.
2. IPDS.
3. Learning Abilities Center Files.
4. Handicapped parking applications.

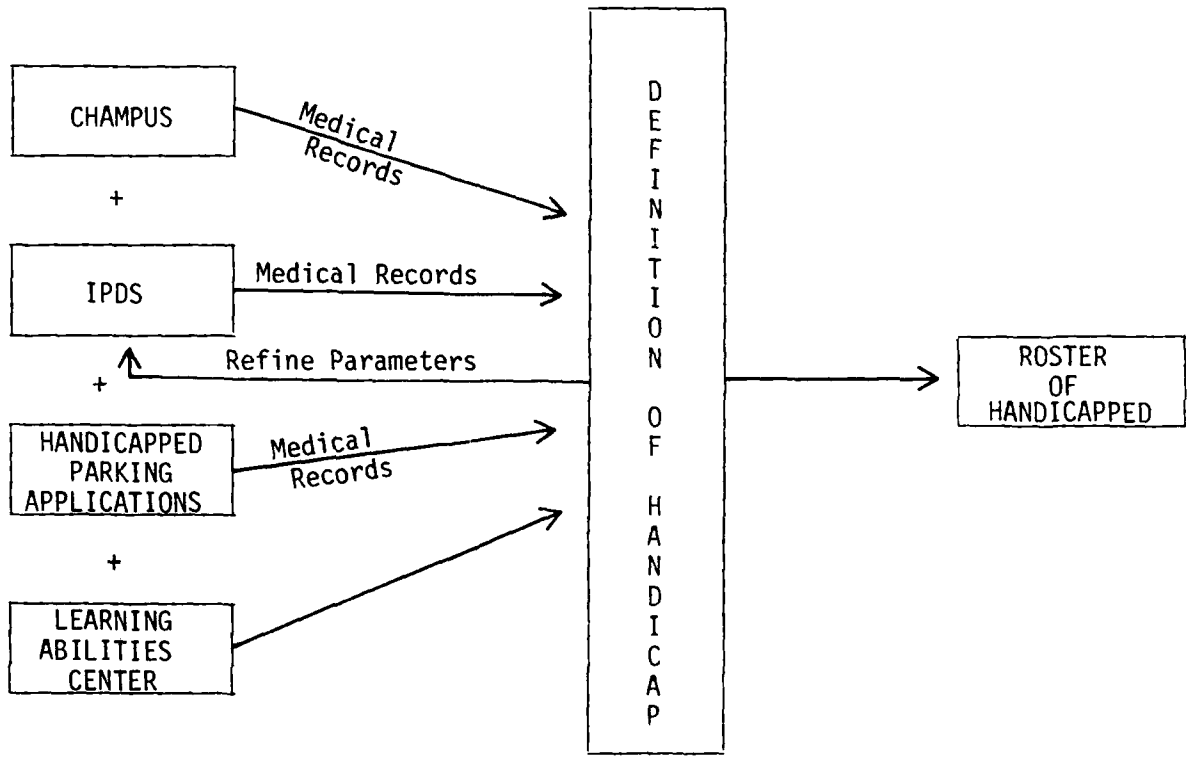
The medical records of all individuals initially identified by CHAMPUS, IPDS and handicapped parking applications must be reviewed to determine those individuals that meet preestablished "handicapped" criteria. A model outlining the optimal feasible solution to identify handicapped family members of active duty soldiers is included as Figure 4.

Army-wide Implications

Although not within the specific scope of this GRP, the study has

FIGURE 4

OPTIMAL FEASIBLE SYSTEM TO IDENTIFY HANDICAPPED FAMILY MEMBERS
OF ACTIVE DUTY SOLDIERS



many Army-wide implications. The author wishes to provide the benefit of his thoughts, opinions, and recommendations to others, particularly in the Health Care Studies Division, who may continue to work on this subject.

The results of this study at Fort Benning indicate that close to 60 percent of the total number of handicapped family members of active duty soldiers in the United States Army could be identified by using the computerized systems of CHAMPUS and IPDS. Table 9 shows that 28.6 percent of the target subpopulation was identified by CHAMPUS and an additional 28.6 percent by IPDS (28.6% + 28.6% = 57.2%).

The Fort Benning study also implies that nearly 40 percent of the handicapped family members of active duty personnel are neither enrolled in the CHAMPUS Program for the Handicapped nor have ever been admitted to Martin Army Community Hospital. No effective method exists to screen all outpatient records for handicapped individuals. Each medical treatment facility in the Health Services Command would have to be tasked to screen local Learning Abilities Center records, applications for handicapped parking permits and other appropriate manual files to identify the remainder of the handicapped family member subpopulation.

On an Army-wide basis, several possibilities exist to easily maintain information on the numbers of handicapped family members of active duty personnel. Once the handicapped individuals are identified, a simple coding system could be used to record the handicapping condition next to the individual's name in the Defense Enrollment Eligibility System (DEERS),

on the sponsor's Personnel Qualification Record (DA Form 2-1), or on the sponsor's Leave and Earnings Statement (DA Form 3688). All of these are centrally operated computerized systems which could be programmed to produce statistical data or rosters useful in managing resources in support of handicapped family members.

Updating Handicapped Rosters

A number of methods could be used to update the roster of handicapped family members of active duty personnel.

1. Task medical records personnel who code inpatient medical records for input to IPDS to screen for handicapped family members of active duty sponsors.

2. Periodically request update searches of the CHAMPUS and IPDS data bases.

3. Task medical records personnel to screen the medical records of active duty family members when they are turned in to the medical treatment facility for filing and report handicapped individuals to a designated point of contact.

4. Develop a questionnaire to be filled out by active duty military sponsors when they inprocess to a new duty station or during their annual review of personnel records.

5. Develop a handicapped individual identification form to be completed by all clinicians working in the medical treatment facility when a handicapped patient is identified during the course of health care

delivery. An example of a form that could be used for this purpose is found at Appendix L. This form has been used by medical treatment facilities in 7th Medical Command, Europe, to identify handicapped children to the Child Development Evaluation Committees of each hospital.

6. A proposed new preference statement has a section specifically designed to alert career activity counselors to a handicapping condition of a family member.[1] If this new form is adopted, information on handicapped family members could be extracted at post or Department of the Army level.

The author hopes that this pilot substudy on the handicapped family members of active duty soldiers at Fort Benning, Georgia, will provide data useful to the Department of the Army in managing its most important resource. . . . . the soldier.

Footnotes

[1]Interview with Paul T. Furukawa, MAJ, MSC, Health Care Studies Division, Academy of Health Sciences, Fort Sam Houston, Texas, 6 May 1982.

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APPENDIX A

BACKGROUND INFORMATION ON COORDINATION OF RESEARCH BETWEEN THE US ARMY-BAYLOR UNIVERSITY GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION AND THE HEALTH CARE STUDIES DIVISION, ACADEMY OF HEALTH SCIENCES

C O P Y

DEPARTMENT OF THE ARMY
Headquarters, United States Army Medical Department Activity
Fort Benning, Georgia 31905

HSXB-XO 29 October 1981

SUBJECT: Coordination of Research

Lieutenant Colonel(P) Thomas A. Janke
Program Director
United States Army-Baylor University Graduate Program
in Health Care Administration
Academy of Health Sciences, United States Army
Fort Sam Houston, Texas 78234

1. Reference your letter, subject as above, dated 13 October 1981.

2. Major James C. Larson, Administrative Resident, and I have selected one of the proposed research interests of the Health Care Studies Division (HCSD) as the subject for the Graduate Research Project (GRP). The topic selected is Active Duty Soldiers and Their Handicapped Family Members. Preliminary coordination has been made with HCSD's project officer for this study, Major Paul Furukawa. Major Furukawa had envisioned a study of a specific community to complement HCSD's Army-wide approach to the problem. Major Larson will conduct such a study of the Fort Benning, Georgia community as his GRP.

3. The GRP proposal outlining the project in greater detail will be forwarded under separate cover in early November 1981.

/s/

LAWRENCE K. VANN
Colonel, MSC
Executive Officer

U.S. ARMY-BAYLOR UNIVERSITY
GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION
ACADEMY OF HEALTH SCIENCES
UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

HSHA-IHC

13 October 1981

SUBJECT: Coordination of Research

Colonel Lawrence K. Vann, MSC
Executive Officer
Martin Army Hospital
Fort Benning, Georgia 31905

1. In a continuing effort to improve the level and quality of student and faculty research in the HCA Graduate Program, we are in the process of formalizing a three-way relationship among our graduate faculty, preceptors and graduate students, and the Health Care Studies Division (HCSD) of the Academy. In this regard, we believe many of our residents' Graduate Research Projects (GRP, formerly PSP) can be coordinated with the current research interest of HCSD. We visualize that these GRPs will represent a significant coordinated problem solving or applied research effort with results more widely applicable than to a single facility. (See the inclosed discussion of research and systems management.)

2. In conjunction with this effort, please review the attached report from HCSD containing many of their current and proposed research interests. You are encouraged to select a topic for your resident's GRP which is compatible with one of the HCSD studies. Feel free to have your resident contact the POC listed in the report for additional information to aid in your selection and for coordination of the research effort.

3. This program is being supervised by LTC John Coventry (AUTOVON 471-6345) of your faculty and LTC Phillip Breunle of HCSD (AUTOVON 471-3331). Your cooperation with this effort is essential to enhancing our research program, following accreditation guidelines, and disseminating the results of student research. Ideally, this program should result in joint publications from faculty, students, and preceptors; a new Bulletin of Continuing Graduate Education is being formatted to assist in this effort.

4. Please give serious consideration to the proposed research topics in your final selection and assignment of projects for your resident. Every effort will be made on our part to support the topic selected.

1 Incl
as

THOMAS A. JANKE
LTC(P), MSC
Program Director

RESEARCH AND SYSTEMS MANAGEMENT

The conversion of the major residency paper requirement from Problem Solving Project (PSP) to Graduate Research Project (GRP) was accomplished in order to meet educational needs of the student/resident and the operational needs of the federal health care delivery system. The PSP and the quarterly management systems analysis projects were implemented at different times but gradually evolved into one large and three smaller reports with a common purpose: Decision-making and problem solving at a single facility. While admirable, this did not fully satisfy the research skills development needs of the student/resident or fully capitalize on the opportunity to develop knowledge which could be broadly applicable to the military health care delivery systems. A comparison between the GRP and PSP/management systems analysis project reflects the comparison between research and systems management.

Research and systems management differ most markedly in their respective purposes: Research intends to produce new information and add to the body of knowledge, systems management concentrates on decision-making and problem solving in specific settings. Since systems management uses information and the body of knowledge to reduce uncertainty in the decision-making process, research can be seen as a supporting subset of systems management. Conversely, systems management can be seen as the application extension of research. These two views are consistent with the Program philosophy "Scholarship in Action."

A summary of the differences between research and systems management can be presented as:

VARIABLE	SYSTEMS MANAGEMENT	RESEARCH
Purpose	Decision-making and Problem Solving	Developing New Information and Extending the Body-of-Knowledge
Scope	Site Specific Ecosystem (All Variables Considered)	Service Wide Subsystem (Only Variables of Interest Considered)
Depth	Sufficient to Resolve the Problem	Intensive
Duration	Short-Term, Iterative	Long-Term, One-Time
Applicability	Site Specific, Not Necessarily Transferrable	Generally Transferrable
Literature Review	Sufficient	Extensive
Format	Systems Stages	Thesis Type

It is possible, of course, that a research project could achieve the purpose of a systems management project; certainly there is every reason to avoid frivolous or useless research. The driving force for research, however, is the development of knowledge producing skills and the development of information which can be broadly applicable to the military health care delivery system.

Thomas Janke

THOMAS A. JANKE
LTC(P), MSC
Program Director

INFORMATION PAPER

HSHA-CHC
1 Oct 81

SUBJECT: Army Medical Department (AMEDD) Study Program

ISSUE: Potential Research Opportunities

FACTS:

1. The primary proponent for the conduct of the medical portion of AR 5-5, The Army Study System, is the Health Care Studies Division (HCSD), Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences, located in Building 2000, Fort Sam Houston, Texas. Effective 28 July 1981, this program has been redesignated the Army Medical Department (AMEDD) Study Program.

2. The Surgeon General is the Study Sponsor for all studies in the AMEDD Study Program and the AMEDD Study Program Coordinator is the Chief, Health Planning and Policy Branch, OTSG.

3. Study Directors/Study Advisory Group (SAG) Chairmen and Study Agencies will be designated by OTSG. Study Directors/SAG Chairmen will have staff oversight responsibility for the initiation, conduct, and disposition of each study, including approval authority over the study protocol.

4. Principal Investigators responsible for developing protocols will be identified by Study Agencies.

5. The principal OTSG Study Agency with dedicated resource for conducting the AMEDD Study Program is the Health Care Studies Division (HCSD), Directorate of Combat Developments and Health Care Studies, Academy of Health Sciences, Fort Sam Houston, Texas. The Chief, HCSD, has been designated as the AMEDD Study Program Technical Consultant.

6. Pursuant to:

a. The Accrediting Commission on Education for Health Services Administration,

b. The US Army-Baylor University Graduate Program in Health Care Administration "Standing Operating Procedures: Graduate Faculty Appointments and Advancement," dated June 1980;

and

c. the Baylor University Graduate School Letter entitled "Decision to Remain as a Member of the Graduate Faculty," dated 10 October 1980;

there are specific provisions for graduate faculty involvement in research.

7. A basic tenet for students in the US Army-Baylor University Graduate Program in Health Care Administration is the application of sound research (applied) methodologies during the academic year as well as during the residency year when they are involved with real-life problem solving projects.

8. Ongoing coordination between the HCSD and HCAD is necessary to maximize the potential for research opportunities which will be mutually beneficial for each division. This coordination includes:

a. Active HCAD faculty involvement in HCSD studies, particularly in the developmental phases.

b. Continued HCSD membership on the Graduate Faculty-Research Committee.

c. Maximal student exposure to the AMEDD Study Program during the academic year.

d. Resident involvement as active POCs and facilitators for HCSP Study Coordination at the MEDCENs and MEDDACs.

9. The following is a listing of current studies:

a. New Studies (FY 82/83)

(1) Casualty Estimation Study: Disease & Nonbattle Injury Rates: Phase II.

Problem: The integrated battlefield needs to be addressed.

Expected Results: Anticipate a decision on Phase II will be made by the ODCSOPS SAG prior to 1 Oct 81. Phase I of the substudy provided DNBI rates for conventional battlefield scenario.

(2) Ambulatory Care Data Base:

Problem: Present data are not satisfactory for assessing manpower requirements, measuring workload nor satisfying epidemiological and other medical research requirements. There is no acceptable, specific outpatient classification system.

Expected Results: Development of a concept that would give better management of resources and ready availability of a "production function" index.

(3) ANC Personnel Management Practices:

Problem: To develop a method for identifying those policy alternatives which appear to offer the most effective and efficient control of recruitment, training, promotion, retention, separation, and retirement of ANC officers, and predicting the effects of these policies on the future.

Expected Results: Provide recommendations to the Chief, ANC, to determine future directions for the ANC.

(4) Active Duty Soldiers and Their Handicapped Family Members:

Problem: Many highly skilled and trained service personnel have handicapped family members and the number and diagnoses of many are not known; the resource requirements to provide for these have not been identified.

Expected Results: Data base will be established to identify the number and diagnoses of known handicapped family members; identify the unknown members; and determine and identify resource requirements to meet the medical care of this population.

(5) Patient Care in an NBC Environment:

Problem: To identify implications and techniques for provision of medical support in an NBC environment.

Expected Results: Readiness. To date, no input has been provided to address how medical support would be affected or altered in an NBC environment.

(6) Physician Productivity in Clinical Settings:

Problem: Physician productivity in clinic settings needs improvement.

Expected Results: Recommendations as to organization configuration of staff and offices to be used to revise the staffing guide for Family Practice Clinics, and other clinics.

(7) Analysis of the Uniform Chart of Accounts (UCA) and Uniform Staffing Methodologies (USM) Data Bases:

Problem: With the advent of the UCA and USM projects, an extremely detailed and complex data base is being created. The use of this data at DOD, OMB, and Congressional levels will impact on the manner in which each service will identify, justify, and defend resource requirements in the future.

Expected Results: The efforts/end product will provide the necessary information, expressed in quantifiable terms, to permit OTSG staff to defend future resource requirements, and to influence the methodology to be developed at higher levels of authority regarding the use of the data from the UCA and USM systems.

b. Ongoing Studies (FY 81/82)

*(1) Field Unit Readiness Study (FURS):

Problem: MOS proficiency training for TOE medical personnel.

Expected Results: To assess the ability of the MTF to provide the necessary medical MOS proficiency training to TOE medical personnel.

*(2) Child Protection & Case Management Team Performance Evaluation Tool (CPCMT):

Problem: To elicit the professional judgments of key team members in determining the sufficient and necessary criteria for evaluating the program effectiveness of Army child protection teams.

Expected Results: To use the findings to recommend, if feasible, standards for Army-wide program effectiveness evaluation procedure for child protection teams.

*(3) Health Screening for Remote Assignments:

Problem: To identify premature returns from remote tours.

Expected Results: To provide information and recommendations to HSC which can be used to make policies and to form recommendations to higher HQ concerning the health assessment of HSC personnel for remote assignments.

*(4) Evaluation Study of the Family Nurse Practitioner (FNPs):

Problem: To determine the optimum utilization of FNPs and identify requirements for these health care providers.

Expected Results: The data will be used to draw inferences concerning utilization of the providers in the AMEDD.

(5) Medical Development & Investigation Implications Study (MEDIIS):

Problem: To establish a formal methodology for identifying and validating the efficacy of current civilian and military state-of-the-art research findings/investigative results in terms of potential clinical doctrine implications for the AMEDD.

Expected Results: 1) Will assure that viable research and investigative efforts in the ever-evolving field of medical technology are readily identified, evaluated, and translated, as applicable into the operational doctrine of TDA & TOE medical structures, and 2) Would provide for a "clearing house" of information of new technological developments in the areas of equipment, procedures, systems, supplies, drugs and chemicals, etc., which impact on doctrine development associated with the combat and peacetime missions of the AMEDD.

*To be completed FY 82-1

(6) Class VIII - Supply Consumption Study:

Problem: To develop planning factors for different intensities of combat, different levels of medical care, for each federal supply class of medical material, and for each MTF.

Expected Results: Will provide a range of current planning factors for Class VIII (medical) supplies that can be validated (second phase will concentrate on consumption factors for durable and non-expendable items and third phase will concentrate on repair parts).

(7) Impact Evaluation on the Rotation of Potency Dated and Shelf Life Items in War Reserves:

Problem: To determine cost vs. shelf life and cost vs. readiness for prepositioned war reserves under variable conditions.

Expected Results: To develop a test model that will provide information to decision-makers at various levels to determine availability of selected medical items under varying conditions.

(8) Development of Medical Manpower Authorization MACRIT Planning Factor:

The MACRIT planning factors study is an ongoing effort. The MACRIT Branch, Organization Division, DCDHCS, has the overall responsibility for the generation of AMEDD MACRIT planning factors. Input for the psychiatric MACRIT sub-study has been completed. The MACRIT effort will be on a consultative basis and not a formal study under AR 5-5.

c. Ongoing FY 81/82 Consultation Studies

(1) Scientific and Technical Information Program (STINFO)*

(a) Algorithm Directed Medical Care in US Army TOE MED Treatment Facilities.

(b) Outpatient Reporting System Feasibility Study.

(c) Risk Factor Analysis and Prospective Medicine Application to the Army.

(d) Automated Storage of Medical and Dental Records.

(e) Patient Sensing Devices for Long Distance Transmission.

(f) Video X-Ray Transmission and Storage System.

(g) Application of Computer Managed Instruction System to the Hospital Food Service Specialist.

*DARCOM supported studies

(2) Combat Stress

(3) Manpower Authorization Criteria (MACRIT)

10. Although a distinct and separate entity, the Dental Studies Office (DSO) is housed with the HCSD for purposes of technical/administrative support. This office conducts dental studies as directed by the Study Sponsor in conjunction with the Assistant Surgeon General for Dental Services.

LTC Breunle/221-3116

APPENDIX B

DESCRIPTION OF THE HEALTH CARE STUDIES DIVISION'S STUDY ON ACTIVE DUTY SOLDIERS AND THEIR HANDICAPPED FAMILY MEMBERS

RESEARCH AND TECHNOLOGY WORK UNIT SUMMARY

1. AGENCY ACCESSION*	2. DATE OF SUMMARY*	REPORT CONTROL SYMBOL
	820118	DD-DR&E(AR)636

3. DATE PREV SUM'RY	4. KIND OF SUMMARY	5. SUMMARY SCTY*	6. WORK SECURITY*	7. REGRADING*	8. DISP'N INSTR'N	8a. SPECIFIC DATA-CONTRACTOR ACCESS	9. LEVEL OF SUM
	A. New	U	U		NL	☒ YES ☐ NO	A. WORK UNIT

10. NO./CODES:*	PROGRAM ELEMENT	PROJECT NUMBER	TASK AREA NUMBER	WORK UNIT NUMBER
a. PRIMARY	OMA 8			
b. CONTRIBUTING				
c. CONTRIBUTING				

11. TITLE (Precede with Security Classification Code)* (U) Active Duty Soldiers and Their Ha.. icapped Family Members

12. SCIENTIFIC AND TECHNOLOGICAL AREAS*
000400 Admin - Mgt

13. START DATE	14. ESTIMATED COMPLETION DATE	15. FUNDING AGENCY	16. PERFORMANCE METHOD
8110	8206	DA	C. In-house

17. CONTRACT/GRANT
a. DATES/EFFECTIVE: EXPIRATION:
b. NUMBER:*
c. TYPE: d. AMOUNT:
e. KIND OF AWARD: f. CUM. AMT.

18. RESOURCES ESTIMATE	a. PROFESSIONAL MAN YRS	b. FUNDS (In Thousands)
FISCAL YEAR PRECEDING		
FISCAL YEAR CURRENT 1982		

19. RESPONSIBLE DOD ORGANIZATION
NAME:* DASG-DBP
OTSG
ADDRESS:*

RESPONSIBLE INDIVIDUAL
NAME: Metcalf, COL
TELEPHONE: AVN 291-1371/AVN 225-1710

20. PERFORMING ORGANIZATION
NAME:* Health Care Studies Division
Academy of Health Sciences
ADDRESS:* Fort Sam Houston, TX 78234

PRINCIPAL INVESTIGATOR (Furnish SSAN if U.S. Academic Institution)
NAME:* Furukawa, T.P., MAJ
TELEPHONE: AVN 471-3116/6514
SOCIAL SECURITY ACCOUNT NUMBER:

ASSOCIATE INVESTIGATORS
NAME: Wilson, L., MAJ
NAME: Mildener, T., LTC

21. GENERAL USE
21a. 1, b. S

22. KEYWORDS (Precede EACH with Security Classification Code)
(U) SA-PPP; (U) Active Army; (U) Personnel; (U) Management; (U) Survey

23. TECHNICAL OBJECTIVE,* 24. APPROACH, 25. PROGRESS (Furnish individual paragraphs identified by number. Precede text of each with Security Classification Code.)

Technical Objective: (U) (1) Overall objective - estimate the types and numbers of hadicapping conditions among Army family members. (2) Specific objectives - (A) Derive an operational definition of "handicapping conditions." (B) Review civilian and military data sources to derive the estimates. (3) Use - written report will be provided study director for use in planning and recommending policies and resources.

24. (U) Approach. (1) FY 82/83 AMEDD Study Program, 23 Jul 81. (2) Background - there is a need to establish a data base with the types and numbers of handicapped family members of active duty personnel. (3) Overall plan - study will combine group survey of subject-matter experts and review of existing civilian and military data bases. (4) N/A. (5) Techniques - survey. (6) N/A. (7) Milestones - start date 8110. Estimated completion date 8206.

*Available to contractors upon originator's approval.

DD FORM 1 MAR 66 1498 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. DD FORMS 1498A, 1 NOV 65 AND 1498-1, 1 MAR 68 (FOR ARMY USE) ARE OBSOLETE.

DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

REPLY TO
ATTENTION OF:

HSHA-CHC

15 January 1982

MEMORANDUM FOR RECORD

SUBJECT: Handicap Study Meeting - 14 January 1982

1. Planning meeting occurred at HCSD and was attended by COL Metcalf, LTC(P) James, and MAJ Furukawa.

2. Announcement: MG Baker, CG, 7th MEDCOM (Europe), requested OTSG to send a fact-finding team to Europe to assess education/handicapped needs (as described in P.L. 94-192). LTC Bascom (MC, MAMC), LTC Piccolo (MC, WBAMC), and MAJ Pasniak (MSC) departed 11 Jan 82 for 3 weeks. In general, their assessment will concern the needs of educationally-handicapped US Army children and how this compares with CONUS data (and possible resources).

3. Decision: Due to the myriad shortcomings of attempting a random survey of current family members (small positives, lack of agreement on definitions/ categories, lack of staff -- especially for indepth physical/psychological/ education assessments vs. self-report, problems in locating a representative community), the study purpose and methodology will be limited to the following:

a. Purpose - to improve upon current estimates of the types and numbers of handicapping conditions among Army family members (excluding Active Duty Soldiers).

b. Objectives and Methodologies - to derive operational definitions and categories of "handicapping conditions" (by employing the Delphi Technique with selected subject-matter experts) and to use the definitions/categories in a review of civilian and military data sources to derive the estimates (e.g., Army Family Practice Data Base, civilian reports, MEDDAC - Fort Benning data).

c. Estimated completion date - June 1982.

4. Next Steps.

Task	Responsible Person	Completion
a. Develop protocol	MAJ Furukawa	31 Jan 82
b. Identify Delphi panelists	COL Metcalf	ASAP

c. Ascertain availability of civilian and military data bases	MAJ Furukawa	15 Feb 82

5. Next meeting - Possibly during week of 15 Mar 82 in Washington, DC.

T. Paul Furukawa
MAJ, MSC
Principal Investigator

CF: COL Metcalf
LTC(P) James

APPENDIX C

DEFINITION OF TERMS AND LIST OF CHRONIC CONDITIONS USED BY THE NATIONAL CENTER FOR HEALTH STATISTICS, UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE*

*Extracted from DHEW Publication No. (HRA) 77-1241, State Estimates of Disability and Utilization of Medical Services: United States 1969-71, Rockville, Maryland: National Center for Health Statistics, January 1977): p.p. 104-105.

DEFINITION OF CERTAIN TERMS USED

TERMS RELATING TO CHRONIC CONDITIONS:

Condition: A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "medical-disability impact" or "illness-recall" questions. In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as whether they were medically attended, whether they resulted in disability, or whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are classified by type according to the Eighth Revision International Classification of Diseases, Adapted for Use in the United States, with certain modifications adopted to make the code more suitable for a household interview survey.

Chronic Condition: A condition is considered chronic if (1) the condition is described by the respondent as having been first noticed more than three months before the week of the interview or (2) it is one of the conditions listed below which are always considered chronic regardless of the date of onset:

Allergy, any
Arthritis or rheumatism
Asthma
Cancer
Cleft palate
Club foot
Condition present since birth
Deafness or serious trouble with hearing
Diabetes
Epilepsy
Hardening of the arteries
Hay fever
Heart trouble
Hemorrhoids or piles
Hernia or rupture
High blood pressure
Kidney stones
Mental illness
Missing fingers, hand, or arm -- toes, foot or leg
Palsy
Paralysis of any kind

Permanent stiffness or deformity of the foot, leg, fingers arm or back
Prostate trouble
Repeated trouble with back or spine
Rheumatic fever
Serious trouble with seeing, even when wearing glasses
Sinus trouble, repeated attacks of
Speech defect, any
Stomach ulcer
Stroke
Thyroid trouble or goiter
Tuberculosis
Tumor, cyst, or growth
Varicose veins, trouble with

Impairment: Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent a decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code, impairments are grouped according to type of functional impairment and etiology. The impairment classification is shown in Vital and Health Statistics, Series 10, No. 99.

Prevalence of Conditions: In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. The prevalence of chronic conditions is defined as the number of chronic cases reported to be present or assumed to be present at the time of the interview. Those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the diseases on the list of conditions always considered chronic and reported to have been present at some time during the 12-month period prior to the interview.

TERMS RELATING TO DISABILITY:

Disability: Disability is the general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Chronic Activity Limitation: Persons are classified into four categories according to the extent to which their activities are limited at present as a result of chronic conditions. Since the usual activities of preschool children, school-age children, housewives, workers, and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the following descriptions of the four categories:

1. Persons unable to carry on major activity for their group (major

activity refers to ability to work, keep house, or engage in school or pre-school activities).

Preschool children: Inability to take part in ordinary play with other children.

School-age children: Inability to go to school.

Housewives: Inability to do any housework.

Workers and all other persons: Inability to work at a job or business.

2. Persons limited in amount or kind of major activity performed (major activity refers to ability to work, keep house, or engage in school or preschool activities).

Preschool children: Limited in amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, or cannot play for long periods at a time.

School-age children: Limited to certain types of schools or in school attendance, e.g., need special schools or special teaching or cannot go to school full time or for long periods at a time.

Housewives: Limited in amount or kind of housework, e.g., cannot lift children, wash or iron, or do housework for long periods at a time.

Workers and all other persons: Limited in amount of kind of work, e.g., need special working aids or special rest periods at work, cannot work full or for long periods at a time, or cannot do strenuous work.

3. Persons not limited in major activity but otherwise limited (major activity refers to ability to work, keep house, or engage in school or preschool activities).

Preschool children: Not classified in this category.

School-age children: Not limited in going to school but limited in participation in athletics or other extra-curricular activities.

Housewives: Not limited in housework but limited in other activities such as church, clubs, hobbies, civic projects, or shopping.

Workers and all other persons: Not limited in regular work activities but limited in other activities such as church, clubs, hobbies, civic projects, sports, or games.

APPENDIX D

GENERAL INFORMATION ON THE PROGRAM FOR THE HANDICAPPED, DEFINITION OF MENTAL RETARDATION AND SERIOUS PHYSICAL HANDICAP EXTRACTED FROM THE CHAMPUS REGULATION*

*Extracted from US Department of Defense (DOD) Regulation 6010.8-R, Civilian Health and Medical Care of the Uniformed Services (CHAMPUS) (Washington, D. C.: Government Printing Office, January 10, 1977), Chapter v, pp. 4 and 10-15.

CHAPTER V

PROGRAM FOR THE HANDICAPPED

General. The Program for the Handicapped is essentially a program of financial assistance for military personnel on active duty whose spouses or children may be moderately or severely mentally retarded or seriously physically handicapped and in need of specialized institutional care, training, or rehabilitation and the required services are not available from public institutions or agencies. The Program for the Handicapped was established by Congress to be a source of financial assistance in those instances where an active duty member's handicapped dependents have, by virtue of residency laws, been excluded from appropriate publicly-operated programs or institutions for the handicapped. There is, therefore, a requirement that all local resources must be considered and those determined to be adequate, utilized first, before an application for coverage under the Program for the Handicapped will be acted on by the Director, OCHAMPUS (or a Designee). There is a further requirement that all institutional care otherwise authorized be provided in not-for-profit CHAMPUS approved institutions. Coverage for any services or supplies under the Program for the Handicapped requires prior approval. . . .

Mental Retardation.

1. Definition. The term "mental retardation" refers to subnormal general intellectual functioning and is associated with impairment of either learning and social adjustment or maturation, or both. The diagnostic classification of moderate and severe mental retardation relates to IQ as follows:

a. Moderate. Moderate mental retardation - IQ 36-51.

b. Severe. Severe mental retardation - IQ 35 and under.

NOTE: It is recognized that the intelligence quotient should not be the only criterion used in making a diagnosis of mental retardation or in evaluating its severity. It should serve only to help in making a clinical judgment of the patient's adaptive behavioral capacity. This judgment should also be based on an evaluation of the patient's developmental history and present functioning, including academic and vocational achievement, motor skills, and social and emotional maturity.

2. Acceptable Tests to Measure Intelligence. The Wechsler Preschool and Primary Scale of Intelligence, the Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) are the CHAMPUS instruments of choice to determine IQ; however, a Stanford-Binet will be accepted.

A person who cannot be tested by an age-appropriate instrument listed above can be tested by another test, provided that an acceptable explanation of why one of the listed tests could not be used is furnished to OCHAMPUS, along with a detailed explanation of "scoring" the test, for the purpose of statistical comparison with one of the above tests. IQ tests must be interpreted by a qualified psychologist certified by the state where the test is administered; or in states where certification is not required, the psychologist must have at least a Master's Degree in Psychology. In states which certify "psychometrists" to administer and interpret IQ tests, that certification will suffice.

Serious Physical Handicap.

1. Definition. The term "serious physical handicap" means a medical condition of the body, which meets the following criteria.

a. Duration of Handicap. The condition is expected to result in death, or which has lasted, or with reasonable certainty is expected to last, for a minimum period of twelve (12) months; and

b. Extent of Handicap. The condition is of such severity as to preclude the individual from engaging in substantially basic productive activities of daily living expected of unimpaired persons of the same age group. For example,

(1) Persons older than high school age must be generally unable to engage in gainful pursuits because of the handicap.

(2) Persons of school age, up to and through high school age, must be unable to be provided an education through the public school system because of the handicap.

2. Examples of Conditions Which May Cause Serious Physical Handicaps. Conditions which may result in serious physical handicaps include, but are not limited to, the following listed categories:

a. Visual Impairment: Age Seven (7) and Over. A vision impairment will be considered serious in persons seven (7) years of age and older if

(1) The remaining vision in the better eye after best correction is 20/200 or less; or

(2) The contraction of visual fields is to 10 degrees or less from the point of fixation; or

(3) So the widest diameter subtends an angle no greater than 20 degrees; or

(4) The visual efficiency of better eye after best correction is 20 percent or less; or

(5) Other conditions impairing visual function such as complete homonymous hemianopsia, or total bilaterial ophthalmoplegia; and

(6) Which have reached the point where the individual requires assistance to support the essentials of daily living.

b. Visual Impairment: Under Age Seven (7). A visual impairment in children under six (6) years of age will be considered serious (even if correctable with lenses) in those cases where the visual impairment is manifested by 20/60 vision or less.

c. Deafness: Age Seven (7) and Over. Deafness will be evaluated in terms of the person's ability to hear and distinguish speech. The degree of functional hearing loss is that loss of hearing and discrimination for speech which is not restorable by a hearing aid. A hearing impairment will be considered serious in those cases where the hearing impairment (not correctable by a hearing aid) is manifested by

(1) Absence of air and bone conduction in both ears (auditory perception of not more than one pure tone at high volume will be considered as absence of air and bone conduction); or

(2) No more than 40 percent discrimination for speech (i.e., ability to hear and understand no more than 40 out of 100 words of special test lists of words using a speech audiometer or hearing aid); and

(3) Which have reached a point where the individual requires assistance to support the essentials of daily living.

d. Deafness: Under Age Seven (7). A hearing impairment in children under six (6) years of age will be considered serious (even if correctable by a hearing aid) in those cases where the hearing impairment is manifested by a 30 decibel or more air conduction hearing loss in at least one ear.

e. Epilepsy: Major. Major motor seizures (grand mal or psychomotor) substantiated by EEG, occurring more frequently than once a month in spite of prescribed treatment. With:

(1) Diurnal episodes (loss of consciousness) and convulsive seizures; or

(2) Nocturnal episodes which show residuals interfering with activity during the day; and

(3) Which has reached the point where the individual requires assistance to support the essentials of daily living.

f. Epilepsy: Minor. Minor motor seizures (petit mal or psychomotor) substantiated by EEG, occurring more frequently than once weekly in spite of prescribed treatment. With:

(1) Alteration of awareness or loss of consciousness; and

(2) Transient postictal manifestations of unconventional or antisocial behavior; and

(3) Which has reached the point where the individual requires assistance to support the essentials of daily living.

g. Paralysis Agitans (Parkinson's Disease). With:

(1) Tremor, rigidity, and significant impairment of mobility (e.g., festination); and

(2) Which has reached the point where the individual requires assistance to support the essentials of daily living.

h. Cerebral Palsy. With:

(1) IQ of 83 or less;

(2) Abnormal behavior patterns, such as destructiveness, or emotional instability; or

(3) Significant interference in communication due to speech, hearing, or visual defect; or

(4) Significant motor deficit in two extremities; and

(5) Which has reached a point where the individual requires assistance to support the essentials of daily living.

i. Multiple Sclerosis. With:

(1) Significant motor deficits in two extremities; and

(2) Ataxia substantiated by appropriate cerebellar signs or proprioceptive loss; and

(3) Which has reached the point where the individual requires assistance to support the essentials of daily living.

j. Muscular Dystrophy. With:

(1) Significant motor impairment and restricted mobility; and

(2) Flexion deformities of both lower extremities; or

(3) Significant weakness or paralysis of muscles of the shoulder girdle or of neck, with abduction of both arms at shoulder restricted to less than 90 degrees; and

(4) Which has reached the point where the individual requires assistance to support the essentials of daily living.

k. Degenerative Neurological Diseases. Other degenerative neurological diseases (i.e., Huntington's chorea, Friedreich's ataxia, spinocerebellar degeneration, etc.) which have reached the point where the individual requires assistance to support the essentials of daily living.

l. Musculoskeletal System. Serious impairments of the musculoskeletal system which have reached the point where the individual requires assistance to support the essentials of daily living.

m. Respiratory System. Serious impairments of the respiratory system which have reached the point where the individual requires assistance to support the essentials of daily living.

n. Trauma. Serious impairments resulting from trauma which are at a level that requires assistance to support the essentials of daily living.

o. Diabetes Mellitus. Severe physical limitations resulting from diabetes mellitus occurring in children (i.e., under eighteen (18) years of age) which have reached the point where the individual requires assistance to support essentials of daily living.

p. Multiple Conditions. In some instances, there are two or more conditions involving separate body systems, neither condition in itself seriously handicapping, but which, in combination, are of such severity as to delimit activities in a seriously handicapping manner and have resulted in the individual requiring assistance to support the activities of daily living. Each such multiple condition case will be reviewed on its own merits.

APPENDIX E

FORT BENNING POPULATION PROFILE

DISPOSITION FORM

For use of this form, see AR 340-15; the proponent agency is TAGO.

COPY

REFERENCE OR OFFICE SYMBOL	SUBJECT
ATZB-DRM-M	Post Population (RCS: ATZB-DRM-M-42)

TO SEE DISTRIBUTION FROM DRM DATE 13 May 82 CMT 1

Mrs. Hodges/rs/5-1018

Listings of population served and total post population profile for April are attached, as appropriate. Performance factors for specific program element activity amounts are identified on population served listing.

/s/

Incl
as

GEORGE E. HEBERLING
Director of Resources Management

DISTRIBUTION:

DPCA, USAIC
DIO, USAIC
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Chaplain
CAO
USACIDC, USAIC

CF:
PBD, DRM
FDD, DRM

FEEDER FOR BUDGET DEVELOPMENT & REVIEW REPORT RCS ATRM-105

AS OF: APRIL 82

1. MILITARY STRENGTH: (Average Daily)

*a. Total US Installation Troop Strength (ASGD&ATCH including Adjustment of Students & Trainees)	24,961
b. Allied Military Liaison Personnel	10
c. Allied Military Students	540
d. Reserve Personnel (Daily Average)	368
e. Miscellaneous Units (Identified Below)	0
f. Visitors	11
TOTAL MILITARY STRENGTH - ON POST	25,890

2. CIVILIAN STRENGTH:

a. DA Civilians	4,771
b. Miscellaneous Civilians (NAF & Other Nongovernmental Actv)	3,235
TOTAL CIVILIAN STRENGTH:	8,006

3. RETIRED STRENGTH:

a. Retired Army Personnel Residing within 50-mile radious	8,400
b. Retired Air Force Personnel Residing within 50-mile radius	856
c. Retired Marine Corps Personnel Residing within 50-mile radius	96
d. Retired Navy Personnel Residing within 50-mile radius	358
TOTAL RETIRED STRENGTH:	9,710

4. DEPENDENTS:

a. Dependents Living On-Post (AD Military & Civilian-Actual)	11,147
b. Dependents Living Off-Post (AD Military Only) 6b x 2.57)	15,389
c. Dependents of Retired Military Personnel Residing in Nearby Area (Approx) (3T x 2)	19,420
d. Dependents of Deceased Retired Military Personnel	1,115
TOTAL DEPENDENTS SERVED:	47,071

TOTAL PERSONNEL SERVICED BY FORT BENNING (EXCL SATELLITES) 90,677

5. SATELLITES:

a. Reserve Components (Off-Post Training)	5,670	
b. MEDDAC	193	
(1) USAREC	69	
(2) OTHER	124	
TOTAL SATELLITES:		5,863

FEEDER FOR BUDGET DEVELOPMENT & REVIEW REPORT RCS ATRM-105 (CONT'D)

TOTAL POST POPULATION PROFILE: 96,540

STATISTICS NOT INCLUDED IN ABOVE TOTAL:

6. FAMILY HOUSING

a. On-Post Families (Military & Civilian) (Actual). 4,115
b. Off-Post Families (Military Only) 5,919

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*AG, SIB 20,770 - Student & Trainee Population 6,480
+Average Daily/Trainee Load 10,671 = 24,961

APPENDIX F

CHAMPUS COMPUTER PRINTOUT
DAILY BENEFIT AUTHORIZATION BRANCH
ROSTER OF ACTIVE CASES
30 APRI' 1982

DAILY BENEFIT AUTHORIZATION BRANCH ROSTER OF ACTIVE CASES APR 30, 1982

CONTROL NUMBER	BENEFICIARY NAME			SPONSOR NAME			SPONSOR SSN		CURRENT STATUS	ACTION OFFICER	PRG	CASE NUMBER	TYPE	LOC
7801667	CARTER	BRUCE	E	CARTER	DONALD	D	000000337			LOPEZ	B	088357A	1781026	
7900268	MATHENY	MARK	J	MATHENY	ROBERT	J	000000475			LOPEZ	B	088733A	4790108	
7900905	ANGIER	EDITH	E	ANGIER	RODNEY	E	000000544			LOPEZ	B	087202A	4790131	
7902280	FISHER	PERRY	S				000000637	C1		LOPEZ	B	0718668	1790406	
7902827	SIPOS	THOMAS JR	A	SIPOS	THOMAS	A	000000696			LOPEZ	B	0596928	4790425	
7902886	FISHER	PERRY	S	FISHER	GUY	O	000000705			LOPEZ	B	0718668	4790426	
7904312	EWIS	THOMAS	F	ERTS	THOMAS	F	000000850			LOPEZ	B	088907A	1790629	
8001419	HARRINGTON	BRIAN		HARRINGTON	PAUL	B	028341396	C1		RITCHE	H		A800131	
8107744	GENERAZIO	FRANK	A	GENERAZIO	RUSSELL	J	030202696	C1		LOPEZ	B		A810901	
8108646	GENERAZIO	FRANK	A	GENERAZIO	RUSSELL	J	030202696	C1	DA 811116	LOPEZ	B	091203A	A811124	
8002694	JONES	JAMES IV	B	JONES	JAMES	B	041407511	C1		RITCHE	B		A800314	
8103164	DEAVER	RONALD	W	DEAVER	RONALD	H	044428256	C1		RITCHIE	H	087260A	N810410	
7903401	ANGIER	EDITH	E	ANGIER	RODNEY	E	053286419			LOPEZ	B	087202A	4790511	
8202274	HINTON	DANIEL	JR	HINTON	DANIEL	SR	079466939	C1	DA 820311	PAQUIN	H		A820316	
8202075	SEALES	KALY		SEALES	CARLOS	A	091562588	C1	WP 820415	PAQUIN	H		D820419	
8106391	FREEMAN	JOHN	T	MILLER	HENRY	W	100244861	C1	DA 811111	LOPEZ	B		A811118	
8108394	TANKLEFF	DEBORAH	L	TANKLEFF	BERT	N	101127420	C1	DA 811006	LOPEZ	B		A811021	
8111157	SMITH	JAMES	T	LAPLANTE	KENNETH	C	115363684	C1	DA 811207	LOPEZ	B		A811209	
8107724	THORNTON	LOUIS	A	THORNTON	BRIAN	A	131447200	C1	DA 810916	GORMELY	H		A810923	
7801845	SIPOS JR	THOMAS	A	SIPOS	THOMAS	A	135306863			LOPEZ	B	0596928	D781103	
7802475	SIPOS JR	THOMAS	A	SIPOS	THOMAS	A	135306863			LOPEZ	B	0596928	4781127	
7902096	SIPOS	THOMAS	A	SIPOS			135306863	C1		LOPEZ	B	0596928	1790404	
8110635	OUGHTON	EMILY	S	OUGHTON	DAVID	T	139403368	C1		PAQUIN	H		N811112	
8201232	OUGHTON	EMILY	S	OUGHTON	DAVID	T	139403368	C1	DA 820218	PAQUIN	H		A820224	
8202106	OUGHTON	EMILY	S	OUGHTON	DAVID	T	139403368	C1	SS 820325	PAQUIN	H		A820331	
8111274	STRAIN	DAVID	M	STRAIN	HUGH	R	198128158	C1	DA 820125	LOPEZ	B		A820129	
7801033	MATHENY	MARK	J	MATHENY	ROBERT	J	198329350			LOPEZ	B	088733A	1781114	
7905852	MATHENY	MARK	J	MATHENY	ROBERT	J	198329350	C1		LOPEZ	B	088733A	1791009	
8203175	SCHNEIDER	MICHAEL	J	SCHNEIDER	JOSEPH		201447158	C1	DA 820414	PAQUIN	H		A820420	
8200568	JONES	DEVON	F	JONES	FRANKLIN	D	202508833	C1	DA 820203	PAQUIN	H		AA20209	
8108185	PETERSON	BRIAN	N	PETERSON	ALFRED	L	217641145	C1	DA 810921	GORMELY	H		A810929	
8109731	PETERSON	BRIAN	N	PETERSON	ALFRED	L	217641145	C1	DA 811116	PAQUIN	H		N811120	
7801648	WAHAB	ANDREW	H	WAHAB	WILLIAM	P	222302420			RITCHIE	H	085724A	4781108	
7802414	WAHAB	ANDREW	H	WAHAB	WILLIAM	P	222302920			RITCHIE	H	085724A	2781128	
7900329	WAHAB	ANDREW	H	WAHAB	WILLIAM	P	222302920			RITCHIE	H	085724A	1790109	
8107259	COX	KATHLEEN	M	COX	J MWA		223700288	B		LOPEZ	B		N810806	
8107751	CANNADAY	BYRON III	L	CANNADAY	BYRON JR	L	226520806			LOPEZ	B	090487A	N810820	
8109760	BIRD	OJAY	T	BIRD	FRANKLIN	C	226762304	C1	DA 811030	PAQUIN	H		A811109	
8005782	MILLER	IRA		MILLER	HERBERT		228121313	C1		LOPEZ	B		AA00723	
7801349	BOWLING	LORIE	L	BOWLING	GEORGE		228627135	C1		RITCHIE	H	086727A	1790313	
7901951	BOWLING	LORIE		BOWLING	GEORGE	L	228627135	C1		RITCHIE	H	086727A	4790323	
7904978	BOWLING	LORIE	L	BOWLING	GEROGE	L	228627135	C1		RITCHIE	H	086727A	1790712	
8105345	CANNADAY	BRYON II	L	CANNADAY	BRYON	L	229520806	C1	DA 810706	LOPEZ	B		A810715	
8107186	KIRKPATRICK	GREGORY	K	KIRKPATRICK	LOWELL	R	235483712	C1	WP 811123	LOPEZ	B	089998A	N811124	
8200184	KIRKPATRICK	GREGORY		KIRKPATRICK	LOWELL	R	235483712	C1	DA 820208	LOPEZ	B		AA20211	
8102348	MORRIS	JACK JR	M	MORRIS	JACK	M	238463941	C1	DA 810402	LOPEZ	B		AA10409	
8203760	CLARK	KELLY	A	CLARK	KAREY	Q	242825882	C1	DA 820427	PAQUIN	H		A820430	
7801860	DENNY	TALBOT	A	CAUDILL	PETER	P	245663271			LOPEZ	B	087513A	4781113	
7802404	PENNINGTON	ANN	M	HOLT	MICHAEL		246486731			LOPEZ	B	088842A	1781206	
7901685	PENNINGTON	ANN	M	HOLT	MICHAEL		246486731			LOPEZ	B	088842A	2790402	
7905205	PENNINGTON	ANN	M	HOLT	MICHAEL		246486731			LOPEZ	B	088842A	1790817	
8203663	CHAPPELEAR	ANDREW	P	CHAPPELEAR	JAMES	W JR	247709704	C1		PAQUIN	H		NA20419	
7801567	JONES	NANCY	D	JONES	REX	O	252328420			RITCHIE	H	006024A	1781122	

DAILY BENEFIT AUTHORIZATION BRANCH ROSTER OF ACTIVE CASES — APRIL 1, 1982

CONTROL NUMBER	BENEFICIARY NAME				SPONSOR NAME			SPONSOR SSN	CURRENT STATUS		ACTION OFFICER	PRG	CASE NUMBER	TYPE	LOC
7901084	JONES	NANCY	D		JONES	REX	O	252328420	A		RITCHIE	H	006024A	4790131	
8110883	JOHNSTON	DANIEL	L		JOHNSTON	JASPER	B	252620918	C1	DA 811209	LOPEZ	B		A811215	
8111301	MERRITT	SHEILA	E		MERRITT	CHARLES	J	252681676	C1	DA 811202	PAQUIN	H		A811210	
8201619	TRIMBLE	ROBERT	J	JR	TRIMBLE	ROBERT	J	252843711	C1	DA 820218	PAQUIN	H		A820224	
8110446	TOLLIVER	JAN	P		TOLLIVER	RALPH	W	253364671	C1	DA 811202	LOPEZ	B		N811207	
7801474	WOODBERY	FRANK	B		WOODBERY	JERRY	M	253504581			RITCHIE	H	002163A	4781204	
7905957	WOODBERRY	FRANK	B		WOODBERRY	JERRY	M	253504581	C1		RITCHIE	H	002163A	1791004	
7801388	NIEMANN	CYNTHIA	A		NIEMANN	WILLIAM	E	253643150			LOPEZ	B	088268A	1781103	
7902740	PINCKNEY	LAURA			PINCKNEY	MILES	M	254409145	C1		LOPEZ	B	089277A	4790503	
7800185	SIZEMORE	OTIS	C		SIZEMORE	OTIS	C	254946381			RITCHIE	H	082202A	2780822	
8200215	ETHERIDGE	DOUGLAS	H		ETHERIDGE	PARRY	W	255484072	C1	SS 820108	LOPEZ	B		A820126	
8200870	ETHERIDGE	DOUGLAS	H		ETHERIDGE	PARRY	W	255484072	C1	DA 820210	LOPEZ	B		A820218	
7906106	MILES	PRINCESS	E		MILES	POTIPHAR		255526605	C1		RITCHIE	H	090207A	1791025	
8004877	EMANUEL	KENNETH	J		EMANUEL	KENNETH	J	255702803	C1		SPINA	H		N800801	
8109884	FULFORD	ANN	K		FULFORD	CARLTON	W	255705783	C1	DA 811119	PAQUIN	H	088477A	A811202	
8109819	NUCKOLLS	BOBBIE	L		NUCKOLLS	HUBERT		257407437	B	DA 811014	LOPEZ	B		A811021	
8108917	ROSENCRANTZ	SAMUEL	W	JR	ROSENCRANTZ	SAMUEL	W	257809829	C1	DA 811015	GORMELY	H		A811102	
7800364	FISHER	PERRY	S		FISHER	GUY	O	258207887			LOPEZ	B	071866B	1780829	
7906022	FISHER	PERRY	S		FISHER	GUY	O	258207887			LOPEZ	B	071866B	1790904	
7907049	FISHER	PERRY	S		FISHER	GUY	O	258207887	C1		LOPEZ	B	071866B	4790918	
8202100	GILLETT	JAY	E		GILLETT	JAY	E	258683612	A	DA 820316	PAQUIN	H		A820319	
7900143	MCKENNA	JAMES	T		MCKENNA	JAMES	T	259448389			LOPEZ	B		7790130	
7802243	WALTON	KATHLEEN	A		WALTON	ERNEST	C	259448960			LOPEZ	B	086726A	2781219	
8203662	CALL	CRYSTAL	D		CALL	RICHARD	W	259822810	C1		PAQUIN	H		N820419	
7800708	WELLS	WENDY	M		WELLS	STEPHEN	F	259880194			RITCHIE	H	081980A	1781201	
7900750	WELLS	WENDY	M		WELLS	STEPHEN	F	259880194			RITCHIE	H	081980A	4790124	
8203910	MARSH	KEVIN	G		MARSH	HERMAN	E	259980510	C1	DA 820423	PAQUIN	H		N820430	
7800775	WHITE	JOHN	P		WHITE	JOHN	P	260102554			LOPEZ	B	088395A	4760912	
7801788	WHITE	JOHN	P		WHITE	JOHN	P	260102554			LOPEZ	B	088395A	4781106	
8202400	JORDAN	JOHNNIE		JR	JORDAN	JOHNNIE		SR 261989955	C1		PAQUIN	H		N820310	
7904430	MITCHELL	CLEVEN			MITCHELL	CLEVEN		263019800			LOPEZ	B	085046A	4790611	
7901884	MITCHELL	CLEVEN			MITCHELL	CLEVEN		263019800	A		LOPEZ	B	085046A	1790527	
8108250	MITCHELL	CLEVEN			MITCHELL	CLEVEN		263019800	A	DA 811104	LOPEZ	B		A811112	
7802437	LEWIS	CARY	M		LEWIS	CARY	C	264525459			RITCHIE	H	060200A	4781204	
7904292	LEWIS	CARY	M		LEWIS	CARY	C	264525459			RITCHIE	H	060200A	1790713	
8200624	ALFORD	DANIEL	B		ALFORD	DOYLE	B	264963169	C1	DA 820218	PAQUIN	H		A820224	
8202166	ALFORD	DANIEL	B		ALFORD	DOYLE	B	264963169	C1	WP 820415	PAQUIN	H		D820419	
8109726	SHARMAN	MARCUS	P		SHARMAN	CHARLIE	L	267330163	C1	DA 811106	LOPEZ	B		A811116	
7907111	SHEESLEY	WILLIAM	J		SHEESLEY	WILLIAM	G	276427122			LOPEZ	B	089495A	1791009	
7902782	STEWART	RICKY	L		STEWART	WALTER	B	280326848			LOPEZ	B	089396A	1790503	
7800159	POLLITT	BRUCE	M		POLLITT	ROBERT	K	293386618			LOPEZ	B	079915A	1780830	
7802141	MAYES	CHRISTOPH	M		MAYES	BURDINE	W	301245339			LOPEZ	B	088503A	4781120	
7800071	FANTO	TISHA	M		FANTO	JAMES	L	314541968			RITCHIE	H	081047A	1781031	
7902677	FANTO	TISHA	M		FANTO	JAMES	L	314541968	C1		RITCHIE	H	081047A	1790508	
8107282	ERVIN	GEORGE	M		ERVIN	GEORGE	W	332220631	C1	DA 810929	LOPEZ	B		A811013	
8200456	ERVIN	GEORGE	M		ERVIN	GEORGE	W	332220631	C1	DA 820125	LOPEZ	B		AA20201	
8200990	ERVIN	GEORGE	M		ERVIN	GEORGE	W	332220631	C1	DA 820318	LOPEZ	B	091518A	A820322	
8111874	HERBECK	ROBERT	E		HERBECK	ROBERT	W	339443434	C1	DA 820303	PAQUIN	H		AA20209	
7905718	RIGHTNOWAR	STEPHANIE	N		RIGHTNOWAR	CLIFFORD	W	342243409	C1		LOPEZ	B	089811A	1790815	
7802511	TREBING	REBECCA			TREBING	JAMES	H	366347498			LOPEZ	B	088812A	1781208	
8200285	WARD	JOHN	T		MEEK	JAMES		383260813	C1	DA 820304	LOPEZ	R		N820315	
8202185	SCHAEFFER	DAVID	M		SCHAEFFER	GEORGE	R	395320078	C1	DA 820426	LOPEZ	R		AA20428	
8200622	RAHM	NICHOLE	M		RAHM	WILLIAM	R	412746317	C1		PAQUIN	H		N820120	

DAILY [illegible] REPORT [illegible] APR 30, 1982

CONTROL NUMBER	BENEFICIARY NAME			SPONSOR NAME			SPONSOR SSN	CURRENT STATUS	ACTION OFFICER	PRO	CASE NUMBER	TYPE	LOC
7901395	NICHOLS	JANET	E	NICHOLS	ELWOOD	B	415506904	C1	RITCHIE	H	087057A	1790410	
7906364	THORNTON	PATRICK	E	THORNTON	JAMES	H	421122546	C1	LOPEZ	B		D790926	
8112269	CRUZ	DEBRA	A	CRUZ	FRED JR	R	423648807	C1 DA 820108	LOPEZ	B		A820114	
8108755	MOSES	TRECIA	D	MOSES	JAMES	JR	424523151	C1 DA 811112	PAQUIN	H		P811102	
8110986	MOSES	TRECIA	D	MOSES	JAMES	JR	424523151	C1 DA 811117	PAQUIN	H		A811124	
7906822	SINCLAIR	TRESSIE	L	SINCLAIR	GEORGE	W	425963208		RITCHIE	H	087097A	1791004	
7800691	PIPPINS	FRANK	J	PIPPINS	TERRENCE	D	425927133		RITCHIE	H	086681A	1781109	
7904912	ANDRUS	SHARELLEN	R	ANDRUS	DANNA	G	433862871	C1	RITCHIE	H	089652A	1790703	
8102370	FROEHMING	CARL	H	FROEHMING	AUGUST	H	433981430	C1 DA 810406	LOPEZ	B		A810409	
8104193	FROEHMING	CARL	H	FROEHMING	AUGUST	H	433981430	C1 DA 810624	LOPEZ	B	089953A	A810702	
7900116	DEAVER	RONALD	W	DEAVER	RONALD	N	444428273		RITCHIE	H	087280A	4790104	
7905849	CARR	ZECHARIAH		CARR	WAYNE	L	449865962		RITCHIE	H	089820A	1790822	
8110059	ORTIZ	KARLESHIA	A	ORTIZ	JOSE		459349431	C1 DA 811221	LOPEZ	B		A811230	
7801327	SHEHULSKI	JOSEPH	T	SHEHULSKI	FRANK	D	459365261		RITCHIE	H	077444A	2781113	
8201858	ELLER	SUZANNE	A	ELLER	DAVID	A	461806171	C1 DA 820225	PAQUIN	H		A820303	
8102259	WILSON	GREGORY	S	WILSON	BOBBY	E	465906498	C1 DA 810401	RITCHIE	H		A810408	
8104108	WILSON	GREGORY	S	WILSON	BOBBY	E	465906498	C1	RITCHIE	H		N810508	
8105568	WILSON	GREGORY	S	WILSON	BOBBY	E	465906498	C1	RITCHIE	H		N810615	
8110895	WILSON	GREGORY	S	WILSON	BOBBY	E	465906498	C1	PAQUIN	H		N811116	
8200700	GILDEN	ROBERT	J	GILDEN	JOHNNY	N	488529795	C1 DA 820122	PAQUIN	H		A820127	
8111623	MCDANIEL	PIPER	B	MCDANIEL	BONNIE		511286549	C1	LOPEZ	B		N811210	
8110669	TAYLOR	LESAND	D	TAYLOR	RALPH	D	520486772	C1 DA 811228	PAQUIN	H		A820106	
7900043	HAWK	JAMES	A	HAWK	JAMES	D	526168115		LOPEZ	B	085427A	1790201	
8108825	PAVELVSKY	NICHOLETTE	M	PAVLEVSKY	NICHOLAS		534348186	C1 DA 811015	LOPEZ	B	090951A	A811021	
8200040	PAVLEVSKY	NICHOLETTE		PAVLEVSKY	NICHOLAS		534348186	C1 DA 820104	LOPEZ	B		A820105	
7905945	ELLIS	COREY	R	HORNER	LEWIS	L	537527372	C1	LOPEZ	B	090026A	4790921	
7903709	CARLIN	JEROME	F	CARLIN	DOUGLAS	G	539407514	C1	LOPEZ	B	089474A	1790524	
7902735	ROUGERON	MICHAEL	A	ROUGERON	RICHARD	A	552529888	C1	LOPEZ	B	087718A	1790503	
8109354	MITCHELL	MELISSA		MITCHELL	BRUCE		553700370	C1 DA 811116	PAQUIN	H		A811124	
7904194	MAYER	SCOTT		MAYER	FRANK	H	568426301	C1	LOPEZ	B	073614A	4790611	
8204022	LOVE	ERRICK	A	LOVE	LEE	A	572942971	C1 DA 820427	PAQUIN	H		A820430	
8109623	STONE	MICHAEL	A	STONE	THOMAS	L	573522466	C1 DA 811123	LOPEZ	B		A811130	
8200300	JONES	MATTHEW	A	JONES	CARL	M	585700127	C1 DA 820203	PAQUIN	H		A820208	
8201846	WILLIAMS	MARCUS	L	WILLIAMS	WILLIE	J	587768243	C1 WP 820223	PAQUIN	H		N820322	

OTAL

TOTAL 140

DAILY BENEFIT AUTHORIZATION BRANCH ROSTER OF ACTIVE CASES APR 30, 1982

CONTROL NUMBER	BENEFICIARY NAME			SPONSOR NAME			SPONSOR SSN	CURRENT STATUS	ACTION OFFICER	PRG	CASE NUMBER	TYPE	LOC
8202689	BOWENS	CONESHIA	A	BOWENS	JOSEPH JR		257949360	C1 SS 820319	PAQUIN	H			
8204134	BOGUE	MARIJO	A	BOGUE	JOHN	P	293369979	C1	PAQUIN	H			
8203304	STANFORD	ANDREA	L	STANFORD	THOMAS	W	434588322	C1 SS 820408	PAQUIN	H			
8203753	CADENA	JORGE	A	CADENA	RAUL	S	467800621	C1 SS 820420	PAQUIN	H			

OTAL

TOTAL 4

APPENDIX G

RESULTS OF IPDS COMPUTER SEARCH

CONTENTS

DEPARTMENT OF THE ARMY
PATIENT ADMINISTRATION SYSTEMS AND BIOSTATISTICS ACTIVITY
FORT SAM HOUSTON, TEXAS 78234

REPLY TO ATTENTION OF:
HSHI-QBS

28 APR 1982

SUBJECT: Requested Diagnoses for Dependents of AD Army Personnel, Fort Benning, Mar 81 - Feb 82

Commander
Martin Army Community Hospital
ATTN: HSXB-MAH-R/MAJ Larson
Fort Benning, GA 31905

1. Reference FONECON between Mr. Hutchins, this activity, and MAJ Larson, your office, 19 Apr 82, SAB.

2. Requested data are attached as Incl 1, 2, and 3.

3 Incl
as

ARTHUR L. BADGETT
LTC, MSC
Acting Commander

REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL
FORT BENNING, MAR 81 - FEB 82

1. Records selected are records of dependents of active duty Army personnel (A50).

2. Requested 3-digit diagnosis codes are from the Ninth Revision of the International Classification of Diseases (ICD-9) and are as follows:

045	Acute poliomyelitis
318	Other specified mental retardation
319	Unspecified mental retardation
330	Cerebral degenerations usually manifest in childhood
331	Other cerebral degenerations
332	Parkinson's disease
333	Other extrapyramidal disease and abnormal movement disorders
340	Multiple sclerosis
341	Other demyelinating diseases of central nervous system
342	Hemiplegia
343	Infantile cerebral palsy
344	Other paralytic syndromes
345	Epilepsy
347	Cataplexy and narcolepsy
359	Muscular dystrophies and other myopathies
369	Blindness and low vision
393	Chronic rheumatic pericarditis
394	Disease of mitral valve
395	Diseases of aortic valve
396	Diseases of mitral and aortic valves
397	Diseases of other endocardial structures
398	Other rheumatic heart disease
410	Acute myocardial infarction
415	Acute pulmonary heart disease
416	Chronic pulmonary heart disease
417	Other diseases of pulmonary circulation
430	Subarachnoid haemorrhage
431	Intracerebral haemorrhage
432	Other and unspecified intracranial haemorrhage
491	Chronic bronchitis
492	Emphysema
493	Asthma
582	Chronic glomerulonephritis
585	Chronic renal failure
710	Diffuse diseases of connective tissue
711	Arthropathy associated with infections
712	Crystal arthropathies
713	Arthropathy associated with other disorders classified elsewhere
714	Rheumatoid arthritis and other inflammatory polyarthropathies
715	Osteoarthrosis and allied disorders
716	Other and unspecified arthropathies
717	Internal derangement of knee

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Requested Diagnoses for Fort Benning (Continued)

718 Other derangement of joint
719 Other and unspecified disorder of joint
720 Ankylosing spondylitis and other inflammatory spondylopathies
721 Spondylosis and allied disorders
722 Intervertebral disc disorders
723 Other disorders of cervical region
724 Other and unspecified disorders of back
732 Osteochondropathies
736 Other acquired deformities of limbs
737 Curvature of spine
738 Other acquired deformity
740 Anencephalus and similar anomalies
741 Spina bifida
742 Other congenital anomalies of nervous system
743 Congenital anomalies of eye
744 Congenital anomalies of ear, face and neck
745 Bulbus cordis anomalies and anomalies of cardiac septal closure
746 Other congenital anomalies of heart
747 Other congenital anomalies of circulatory system
748 Congenital anomalies of respiratory system
749 Cleft palate and cleft lip
750 Other congenital anomalies of upper alimentary tract
751 Other congenital anomalies of digestive system
752 Congenital anomalies of genital organs
753 Congenital anomalies of urinary system
754 Certain congenital musculoskeletal deformities
755 Other congenital anomalies of limbs
756 Other congenital musculoskeletal anomalies
757 Congenital anomalies of the integument
758 Chromosomal anomalies
759 Other and unspecified congenital anomalies
797 Senility without mention of psychosis
886 Traumatic amputation of other finger(s) (complete) (partial)
887 Traumatic amputation of arm and hand (complete) (partial)
896 Traumatic amputation of foot (complete) (partial)
897 Traumatic amputation of leg(s) (complete) (partial)

3. Fields shown on record transcript are from AR 40-400 (Incl 1).

a. NO - Number of record
b. SSN - Social Security Number
c. REG NO - Register Number
d. SEX
e. AGE
f. RACE
g. DATE DSPO - Date of Disposition
h. BED THIS MTF - Bed days this MTF
i. SICK THIS MTF- Sick days this MTF

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HSHI-QBS

27 APR 1982

Requested Diagnoses for Fort Benning (Continued)

j. DG1 - DG8 - Diagnosis fields 1 - 8
k. OP1 - OP8 - Surgical fields 1 - 8

4. Program for these reports break out by each diagnosis recorded in a record; therefore, additional data are furnished other than specific diagnoses requested. Incl 2 (Incidence) and Incl 3 (Primary Diagnosis) are records containing at least one of the requested 3-digit diagnosis (listed in paragraph 2) in one of the eight diagnosis field.

SOURCE: Individual Patient Data System (IPDS) (RCS MED-345)

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 REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL, FORT BENNING, MAR 81 - FEB 82 PROGRAM QBS2

NO	SSN	REG NO	SEX	AGE	RAC	DATE OSPO	TBHM EIT DSF	STIHM CIT KSF	DG1 DG5	DG2 DG6	DG3 DG7	DG4 DG8	OP1 OP5	OP2 OP6	OP3 OP7	OP4 OP8
1	352320482	0865685	M	08	X	81108	129	129	809	805	823	807	541	870	531	841
									854	344	401	865	161	531	342	
2	445660037	0868560	F	M1	C	81106	051	051	507	758	746					
3	418747845	0868620	F	24	C	81067	011	011	098	711						
4	431888023	0868712	M	02	C	81065	005	005	752	550			562	553		
5	461782330	0868739	M	04	C	81083	022	022	732				329			
6	430153081	0868754	F	M5	C	81085	024	024	751							
7	257663696	0868783	M	02	N	81065	003	003	493							
8	577769748	0868826	F	20	N	81077	014	014	711	V22			816			
9	538488528	0868835	M	04	N	81069	006	006	752				562	553	562	
10	422924687	0868928	F	T1	N	81065	001	001	V30	765	741	755				
11	416669721	0868955	F	11	N	81078	013	013	732				578			
12	417548932	0868959	F	35	N	81075	010	010	724							
13	428901788	0869010	M	02	C	81071	004	004	752				564	558	564	
14	004445595	0869026	F	38	C	81072	004	004	491							
15	220322527	0869085	M	19	C	81073	004	004	466	496	359	416				
									276							
16	214765461	0869093	F	M3	C	81074	005	005	535	751						
17	303464260	0869114	M	13	C	81072	002	002	736	907			582			
18	066363623	0869158	F	35	N	81074	003	003	754	736			578	578		
19	214345727	0869293	M	11	N	81076	001	001	753	493			165			
20	068380040	0869319	F	T2	C	81078	003	003	V30	416						
21	417589640	0869411	M	06	C	81079	002	002	493							
22	421422804	0869577	M	12	N	81085	003	003	493							
23	256506476	0869604	F	16	C	81084	001	001	737	343						
24	358485908	0869654	F	01	X	81112	028	028	751	382	V44		325	546	548	545
													598			
25	286347540	0869692	F	42	C	81087	003	003	451	250	736		337			
26	174360809	0869867	F	13	C	81103	014	014	345	693	E94					
27	423586624	0869992	M	03	C	81133	041	041	732				351	843	831	
28	571747259	0870053	F	04	C	81095	000	000	259	754	718	382				
29	310620107	0870056	M	01	C	81097	002	002	550	752			553	562		
30	307383987	0870101	M	15	C	81097	001	001	493							
31	168525352	0870129	F	16	C	81097	001	001	493	V22						
32	267749437	0870149	M	M5	N	81100	003	003	493	465						
33	536580401	0870177	F	22	N	81098	000	000	342							
34	168525352	0870226	F	16	C	81101	002	002	493	V22						
35	005604450	0870233	F	28	X	81104	005	005	620	394	599		565			
36	230641155	0870263	M	07	C	81103	003	003	781	E93	345	523				
									E93							
37	040625269	0870293	F	01	C	81111	009	009	753	587	753	593	555	556		
38	252843711	0870437	M	03	N	81110	005	005	493	486	783					
39	074402745	0870534	M	04	X	81111	002	002	493							
40	387684581	0870547	F	M5	C	81113	004	004	331				344			
41	541522922	0870556	F	03	C	81113	004	004	854	345						
42	954043152	0870615	F	M3	N	81141	030	030	711	041			351	816	580	
43	441385462	0870728	F	53	C	81114	000	000	410	423	414					
44	203502344	0870729	F	M1	C	81125	011	011	745							
45	112425986	0870773	M	02	C	81120	004	004	752	550	752	752	562	553	562	563
46	220703855	0870804	M	M4	C	81117	001	001	752				564			
47	408561318	0870919	F	37	C	81123	003	003	724							
48	416524900	0871010	F	37	N	81129	005	005	626	218	617	616	568			
									396							

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL, FORT BENNING, MAR 81 - FEB 82

PROGRAM QBS2

NO	SSN	REG NO	SEX	AGE	RAC E	DATE DSPO	THBM EIT DSF	STIHM CIT KSF	DG1 DG5	DG2 DG6	DG3 DG7	DG4 DG8	OP1 OP5	OP2 OP6	OP3 OP7	OP4 OP8
49	398626949	0871020	F	21	C	81126	002	002	493							
50	422924687	0871026	F	M1	N	81124	000	000	741							
51	450624685	0871064	M	M1	X	81147	022	022	765	746						
52	314560118	0871090	M	12	C	81127	001	001	724				351			
53	578742576	0871193	F	T2	N	81132	003	003	V30	755						
54	267888462	0871280	F	27	C	81132	001	001	345							
55	527510152	0871353	F	24	C	81138	005	005	718	906			829			
56	420607650	0871370	M	03	N	81139	005	005	047	321	724					
57	554230650	0871520	M	02	C	81141	002	002	752	550			562	559	553	
58	417568898	0871528	M	12	N	81141	002	002	493							
59	260601465	0871573	M	14	N	81145	005	005	493							
60	100508499	0871615	F	T2	N	81146	004	004	V30	774	755					
61	263151810	0871863	F	T2	C	81155	005	005	V30	745						
62	240866165	0871874	F	25	X	81152	002	002	723							
63	459709172	0871897	M	T2	C	81154	003	003	V30	755			564			
64	527046638	0871916	F	07	C	81153	001	001	756	755			583			
65	262604390	0872039	M	01	C	81158	002	002	493	486						
66	541522922	0872102	F	03	C	81159	000	000	345	343						
67	585688523	0872107	M	02	C	81159	001	001	493	486						
68	586034668	0872141	F	03	X	81161	002	002	493							
69	253047330	0872155	F	22	N	81166	006	006	098	711						
70	253809297	0872228	M	02	N	81164	003	003	742				344			
71	204300979	0872239	F	16	C	81163	001	001	717				169			
72	550480746	0872347	M	01	C	81167	002	002	752	550	608		562	553	563	
73	227111606	0872401	F	23	C	81172	006	006	416	746						
74	543664650	0872402	M	T1	C	81169	003	003	V30	765	743	524	564			
									756	748	744	755				
75	366647228	0872532	F	T2	C	81172	002	002	V30	754						
76	483325513	0872700	F	15	C	81178	003	003	752				570			
77	227111606	0872735	F	23	C	81182	005	005	428	416						
78	260989877	0872756	F	03	X	81179	002	002	719				816			
79	583447893	0872760	F	04	C	81181	004	004	719				847			
80	153346093	0873021	M	10	N	81189	003	003	752	550	752		562	553	562	
81	247043097	0873053	M	M6	N	81208	021	021	711				816	351	847	
82	583447893	0873060	F	04	X	81202	015	015	718	727			816	847		
83	225527395	0873140	F	18	C	81191	002	002	493							
84	411986341	0873345	F	25	C	81198	004	004	744				577			
85	409061653	0873447	F	01	C	81198	002	002	755				818	831		
86	366647228	0873501	F	W3	C	81199	002	002	599	754						
87	460683490	0873600	F	13	N	81199	001	001	493							
88	253130530	0873622	M	01	N	81202	002	002	752	605	550	752	562	553	564	562
89	257729702	0873694	M	06	C	81204	002	002	378	743			510			
90	523042997	0873749	M	W1	N	81206	003	003	550	752	112		553	562		
91	410967491	0873864	F	01	N	81209	004	004	754	755	755		329			
92	460683490	0873893	F	13	N	81208	003	003	493							
93	174360809	0873934	F	13	C	81207	000	000	345							
94	267762940	0873976	M	T1	C	81212	004	004	V30	765	755		564			
95	221269680	0874049	M	17	C	81210	001	001	718				169			
96	244926398	0874101	M	04	C	81215	004	004	550	752			553	562		
97	242867214	0874244	F	01	C	81226	011	011	711	718						
98	501420364	0874387	F	43	C	81223	004	004	736	905			581			
99	228627135	0874465	M	09	C	81224	002	002	520	750			523			

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NO	SSN	REG NO	SEX	AGE	RAC	DATE DSPO	TBHM EIT DSF	STIHM CIT KSF	DG1 DG5	DG2 DG6	DG3 DG7	DG4 DG8	OP1 OP5	OP2 OP6	OP3 OP7	OP4 OP8
100	227111606	0874537	F	23	C	81224	001	001	416	746						
101	256192107	0874578	F	20	C	81225	001	001	747							
102	227980321	0874616	M	T2	X	81229	003	003	V30	757			564	588		
103	272585396	0874658	F	20	C	81229	001	001	634	745			569			
104	339443434	0875001	M	M3	C	81239	003	003	323	369	389	331	344			
105	253926096	0875004	F	25	N	81237	001	001	710	584	285					
106	243386722	0875193	F	50	C	81240	000	000	715							
107	415783301	0875266	F	34	C	81246	003	003	V25	394	614	218	565	569		
108	241041758	0875290	F	23	C	81246	003	003	646	394			361			
109	583085326	0875335	F	01	X	81245	001	001	742	378	599	041				
									038							
110	168525352	0875421	F	16	C	81251	005	005	493	V22						
111	213460113	0875473	F	63	C	81254	006	006	396	414	413	301				
									716							
112	237843854	0875475	M	05	N	81251	003	003	854	493						
113	570426022	0875638	F	47	C	81267	015	015	410							
114	306687876	0875658	M	W2	C	81258	005	005	550	751			553	545		
115	260604685	0875663	F	61	C	81258	005	005	562	197	198	451	545	546	155	351
									715	V16	486	280	337	344	344	
116	256192107	0875740	F	20	C	81256	000	000	747							
117	268466509	0875741	F	32	C	81256	000	000	738							
118	152325595	0875758	F	43	C	81258	002	002	723	729						
119	261418715	0875814	F	T2	N	81260	003	003	V30	757			588			
120	087446557	0875818	M	12	N	81260	003	003	493							
121	492667431	0875820	F	02	N	81258	001	001	493							
122	420767595	0875829	M	05	C	81259	002	002	558	343						
123	267901972	0875838	M	12	N	81264	006	006	608	752			562	562		
124	257943639	0875866	M	T2	N	81261	003	003	V30	755			564			
125	234668604	0875904	F	57	C	81272	013	013	410							
126	252217494	0875956	F	01	N	81267	006	006	754				583	580		
127	257861833	0875958	F	01	C	81261	001	001	754	708	V64					
128	294724038	0875967	F	T2	C	81266	005	005	V30	755						
129	141563861	0876023	F	01	C	81266	003	003	493							
130	418467722	0876026	F	17	N	81266	003	003	650	V27	648	747				
131	234665618	0876031	F	58	X	81269	006	006	558	281	710	358				
									401							
132	422546361	0876079	F	04	N	81267	003	003	493	465	558					
133	583085326	0876084	F	01	X	81266	002	002	742	996						
134	523028071	0876108	F	31	C	81266	001	001	565	394			132			
135	583786931	0876113	M	M3	X	81266	001	001	746	748						
136	492443362	0876128	F	T1	C	81265	001	001	V30	765	740					
137	087446557	0876172	M	12	N	81268	002	002	493							
138	262136204	0876225	M	T1	N	81270	002	002	V30	765	755		818	564		
139	259668763	0876297	M	07	N	81273	003	003	493	790	518					
140	236883926	0876337	F	01	C	81273	002	002	493							
141	460683490	0876370	F	13	N	81273	001	001	493							
142	266569160	0876438	M	M8	N	81276	003	003	493							
143	460683490	0876520	F	13	N	81277	002	002	493							
144	262604390	0876537	M	02	C	81276	001	001	493							
145	251745690	0876629	M	05	N	81280	002	002	493							
146	086324941	0876674	F	38	C	81282	003	003	756				578			
147	424523151	0876840	F	01	N	81285	003	003	038	758						

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL, FORT BENNING, MAR 81 - FEB 82

PROGRAM QBS2

NO	SSN	REG NO	SEX	AGE	RAC	DATE DSPO	T BHM EIT DSF	ST IHM CIT KSF	DG1 DG5	DG2 DG6	DG3 DG7	DG4 DG8	OP1 OP5	OP2 OP6	OP3 OP7	OP4 OP8
148	259924420	0876851	M	03	N	81285	003	003	493							
149	417782658	0876932	F	07	N	81287	002	002	493							
150	583786931	0876933	M	M2	X	81285	000	000	748	745			161	162		
151	251925083	0876962	M	M3	N	81286	001	001	755				818			
152	262604390	0877020	M	02	C	81288	001	001	493							
153	168525352	0877055	F	16	C	81291	003	003	650	V27	642	493	572	573		
154	460683490	0877122	F	13	N	81290	001	001	493							
155	121448994	0877198	F	03	N	81293	001	001	493							
156	234665618	0877296	F	58	X	81296	002	002	403	281	710	358				
157	460683490	0877311	F	13	N	81298	004	004	493							
158	257861833	0877387	M	01	C	81298	002	002	754	465	V64					
159	087446557	0877508	M	12	N	81300	002	002	493							
160	363526578	0877644	M	T3	C	81307	006	006	V30	766	757		564			
161	460683490	0877733	F	13	N	81305	002	002	493							
162	434781420	0877734	M	01	C	81304	001	001	493	486						
163	216425703	0877804	M	04	N	81308	002	002	493	486						
164	317586973	0877988	F	28	C	81311	002	002	719	780						
165	263432630	0878049	F	18	N	81317	006	006	614 756	131	616	041	361			
166	203502344	0878098	F	M7	C	81314	001	001	493							
167	220564044	0878210	M	T2	C	81320	004	004	V31	745	774		564			
168	465046355	0878239	F	T3	C	81320	004	004	V30	766	747					
169	364628620	0878248	M	Y0	C	81324	007	007	755	465	382		584	581		
170	195367247	0878274	M	02	C	81319	002	002	382	343	362					
171	242665137	0878432	M	06	C	81324	003	003	493							
172	259927458	0878575	F	01	C	81323	005	005	755				584			
173	257861833	0878791	M	01	C	81337	006	006	754				580			
174	071506957	0878792	M	T2	X	81349	018	018	V31	752						
175	247845487	0878799	F	34	C	81332	001	001	786	394						
176	364587053	0878910	F	T2	N	81339	005	005	V31	755			818			
177	460683490	0878967	F	14	N	81336	001	001	493							
178	269589217	0878968	M	03	C	81341	005	005	752				564	554		
179	268425995	0878973	M	06	C	81339	003	003	752	550			553	562		
180	390429489	0879002	M	T2	C	81339	003	003	V30	749			564			
181	233826544	0879081	F	T2	C	81341	003	003	V30	754						
182	255969370	0879197	M	T2	C	81346	003	003	V30	755			564			
183	491629417	0879204	F	25	N	81346	003	003	717				580			
184	264133348	0879254	F	10	C	81353	009	009	493							
185	262740553	0879258	M	07	N	81353	009	009	493							
186	541522922	0879347	F	03	C	81348	001	001	345	907	045	323				
187	145520735	0879387	F	M5	N	81349	000	000	430							
188	242046080	0879393	M	T2	N	81351	003	003	V30	752			564			
189	220808042	0879400	F	30	X	81352	003	003	650	V27	V25	752	566			
190	262310569	0879516	M	01	C	81354	002	002	756							
191	141563861	0879560	F	01	C	81356	002	002	493	486						
192	422527274	0879563	M	09	N	81358	003	003	493	486						
193	166407002	0879640	M	02	N	81362	005	005	493	486						
194	420526605	0879680	F	42	N	81363	002	002	493							
195	526682635	0879674	F	36	C	82004	008	008	114	574	398		532			
196	581284062	0879724	F	72	C	82009	011	011	410	428						
197	260925042	0879769	F	W1	N	82022	023	023	746							
198	389622974	0879778	M	T2	C	82002	002	002	V30	752			564			

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL, FORT BENNING, MAR 81 - FEB 82

PROGRAM Q8S2

NO	SSN	REG NO	SEX	AGE	RAC	DATE DSPO	TBHM EIT DSF	STIHM CIT KSF	DG1 DG5	DG2 DG6	DG3 DG7	DG4 DG8	OP1 OP5	OP2 OP6	OP3 OP7	OP4 OP8
199	266726964	0879808	F	T2	C	82006	004	004	V30	747						
200	258908435	0879835	F	T2	C	82007	005	005	V30	742	742	758	344			
201	261945180	0879872	M	06	C	82005	001	001	753				558			
202	502704672	0879999	F	22	C	82011	004	004	633	614	752		361	570	566	565
203	260963369	0880013	M	T2	N	82024	017	017	V30	742			344			
204	213460113	0880075	F	63	C	82011	002	002	969	398	333	414				
									413							
205	456888052	0880094	F	28	C	82016	006	006	218	614	752		568	565	554	549
206	294580791	0880174	F	M9	C	82013	001	001	743				183			
207	257745324	0880182	M	02	N	82013	001	001	743				143			
208	244869064	0880200	F	26	C	82014	002	002	648	724						
209	294724038	0880325	F	M4	C	82017	000	000	343							
210	418826581	0880360	F	21	N	82023	005	005	654	V27	648	285	574	574		
									648	394						
211	460683490	0880399	F	14	N	82024	006	006	493							
212	074500860	0880551	F	25	C	82036	014	014	451	415			337	351		
213	260687517	0880754	F	17	N	82030	004	004	493	465						
214	335628161	0880786	F	22	X	82030	003	003	493	V22						
215	161487690	0880796	M	T2	C	82029	002	002	V30	757			818	564		
216	195367247	0880884	M	02	X	82029	001	001	493	343	362					
217	420607754	0881035	F	25	C	82043	010	010	733	343			579			
218	040625269	0881063	F	02	C	82048	014	014	753	753	753	593	556	556	557	
219	423723377	0881084	M	03	N	82037	003	003	493	684	535					
220	460683490	0881362	F	14	N	82045	003	003	493							
221	252841392	0881438	M	08	C	82044	001	001	493							
222	460683490	0881597	F	14	N	82051	004	004	493							
223	437064190	0881611	F	T1	N	82048	001	001	V31	765	746					
224	501669864	0881647	M	02	C	82048	000	000	742	345						
225	203389102	0881671	M	07	C	82056	007	007	751				145			
226	221325827	0881686	F	23	C	82049	001	001	493	V28						
227	422527274	0881787	M	10	N	82057	005	005	493	486						
228	221325827	0881842	F	23	C	82054	001	001	493	V28						
229	256192107	0882048	F	20	C	82059	000	000	747							

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
1	038	SEPTICEMIA	2
2	041	BACTERIA INFECTION COND CLASSIFIED ELSEWHERE OR NOS	3
3	045	ACUTE POLIO	1
4	047	ENTEROVIRAL MENINGITIS	1
5	098	GONOCOCCAL INFECTN	2
6	112	CANDIDIASIS	1
7	114	COCCIDIOIDOMYCOSIS	1
8	131	TRICHOMONIASIS	1
9	197	SECONDARY CANCER, RESPIRATORY,DIGESTIVE SYSTEMS	1
10	198	SECONDARY CANCER, SPECIFIED SITE NEC	1
11	218	UTERINE LEIOMYOMA	3
12	250	DIABETES MELLITUS	1
13	259	OTHER ENDOCRINE DISORDERS	1
14	276	DISORDER OF FLUID, ELECTROLYTE,ACID-BASE BALANCE	1
15	280	IRON DEFICIENCY ANEMIA	1
16	281	OTHER DEFICIENCY ANEMIA	2
17	285	ANEMIAS NEC,NOS	2
18	301	PERSONALITY DSRDRS	1
19	321	NONBACTERIAL MENINGITIS	1

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.. REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
20	323	ENCEPHALITIS, MYELITIS, ENCEPHALOMYELITIS	2
21	331	OTHER CEREBRAL DEGENERATIONS	2
22	333	OTH EXTRAPYRAMIDAL DIS AND ABNORMAL MOVEMENT DISORDERS	1
23	342	HEMIPLEGIA	1
24	343	INFANTILE CEREBRAL PALSY	7
25	344	OTH PARALYSIS	1
26	345	EPILEPSY	8
27	358	MYONEURAL DISORDER	2
28	359	MUSCULAR DYSTROPHY OTH MYOPATHIES	1
29	362	OTHER RETINAL DISORDERS	2
30	369	BLINDNESS AND LOW VISION	1
31	378	STRABISMUS, OTH DISORDER OF BINOCULAR EYE MOVEMENTS	2
32	382	SUPPURATIVE, UNSPECIFIED OTITIS MEDIA	4
33	389	DEAFNESS	1
34	394	DIS, MITRAL VALVE	6
35	396	DISEASES OF MITRAL AND AORTIC VALVES	2
36	398	OTHER RHEUMATIC HEART DISEASE	2
37	401	ESSENTIAL HYPERTENSION	2

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
38	403	HYPERTENSIVE RENAL DISEASE	1
39	410	ACUTE MYOCARDIAL INFARCTION	4
40	413	ANGINA PECTORIS	2
41	414	OTHER CHRONIC ISCHEMIC HEART DIS	3
42	415	ACUTE PULMONARY HEART DISEASE	1
43	416	CHRONIC PULMONARY HEART DISEASE	5
44	423	OTHER DISEASES OF PERICARDIUM	1
45	428	HEART FAILURE	2
46	430	SUBARACHNOID HEM-ORRHAGE	1
47	451	PHLEBITIS,THROMBO-PHLEBITIS	3
48	465	ACUTE UPPER RESPIR ATORY INFECTION, MULT,UNSPEC SITE	5
49	466	ACUTE BRONCHITIS BRONCHIOLITIS	1
50	486	PNEUMONIA NOS	10
51	491	CHRONIC BRONCHITIS	1
52	493	ASTHMA	64
53	496	CHRONIC AIRWAYS OBSTRUCTION NEC	1
54	507	PNEUMONITIS DUE TC SOLIDS, LIQUIDS	1
55	518	OTH DIS OF LUNG	1
56	520	DSRDR TOOTH DEVEL-OPMENT, ERUPTION	1

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
57	523	GINGIVAL, PERIODONTAL DISEASE	1
58	524	DENTOFACIAL ANOMALIES	1
59	535	GASTRITIS AND DUODENITIS	2
60	550	INGUINAL HERNIA	11
61	558	OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	3
62	562	DIVERTICULA OF INTESTINE	1
63	565	ANAL FISSURE AND FISTULA	1
64	574	CHOLELITHIASIS	1
65	584	ACUTE RENAL FAILUR	1
66	587	RENAL SCLROSIS NOS	1
67	593	OTHER DISORDERS OF KIDNEY AND URETER	2
68	599	OTH DSRDR URETHRA, URINARY TRACT	3
69	605	REDUNDANT PREPUCE AND PHIMOSIS	1
70	608	OTH DISORDERS OF MALE GENITALIA	2
71	614	INFLAMTRY DIS,OVARY,FALLOPN TB,PELVIC TISS,PERITONUM	4
72	616	INFLAMMATORY DISEASE CERVIX,VAGINA AND VULVA	2
73	617	ENDOMETRIOSIS	1
74	620	NONINFLAMTRY DSRDR OVARY, FALLOPIAN TB, BROAD LIGAMENT	1

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
75	626	MENSTRUAL DSRDRS, OTH ABNORML BLEEDG FEMALE GENITALIA	1
76	633	ECTOPIC PREGNANCY	1
77	634	SPONTANEOUS ABORTION	1
78	642	HYPERTENSION IN PREGNANCY, CHILD-BIRTH, PUERPERIUM	1
79	646	OTHER COMPLICATION OF PREGNANCY NEC	1
80	648	OTHER CONDITION IN MOTHER COMPLICA-TING PREGNANCY	4
81	650	NORMAL DELIVERY	3
82	654	MATERNAL ABNOR-MALITY OF PELVIS	1
83	684	IMPETIGO	1
84	693	DERMATITIS, INGES-TION OF SUBSTANCES	1
85	708	URTICARIA	1
86	710	DIFFUSE DISEASE, CONNECTIVE TISSUE	3
87	711	ARTHROPATHY ASSO-CIATED W INFECTION	6
88	715	OSTEOARTHROSIS AND ALLIED DISORDERS	2
89	716	OTH ARTHROPATHIES	1
90	717	INTERNAL DERANGE-MENT, KNEE	2
91	718	OTHER DERANGEMENT OF JOINTS	5
92	719	OTHER JOINT DSRDRS	3

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICD-9)	FREQUENCY
93	723	OTHER DISORDERS CERVICAL REGION	2
94	724	OTHER BACK DSRDRS	5
95	727	OTH DSRDR,SYNOVIUM TENDON AND BURSA	1
96	729	OTH DSRDRS OF SOFT TISSUE	1
97	732	OSTEOCHONDROPATHY	3
98	733	OTHER DISORDER OF BONE AND CARTILAGE	1
99	736	OTH ACQUIRED DEFOR MITY OF LIMBS	4
100	737	CURVATURE OF SPINE	1
101	738	OTHER ACQUIRED DE-FORMITY	1
102	740	ANENCEPHALUS AND SIMILAR ANOMALIES	1
103	741	SPINA BIFIDA	2
104	742	OTHER CONGENITAL ANOMALIES OF NER-VOUS SYSTEM	7
105	743	CONGENITAL ANOMALY OF EYE	4
106	744	CONGENITAL ANOMALY OF EAR, FACE, NECK	2
107	745	ANOMALY OF CARDIAC SEPTAL CLOSURE	5
108	746	OTHER CONGENITAL ANOMALIES OF HEART	7
109	747	OTH CONGENITAL ANOMALY OF CIRCU-LATORY SYSTEM	6
110	748	CONGENITAL ANOMALY RESPIRATORY SYSTEM	3

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE OG CODE	TITLE (ICD-9)	FREQUENCY
111	749	CLEFT PALATE AND CLEFT LIP	1
112	750	OTH CONGENITAL ANOMALY OF UPPER ALIMENTARY TRACT	1
113	751	OTH CONGENITAL ANOMALY, DIGESTIVE SYS	5
114	752	CONGENITAL ANOMALY GENITAL ORGANS	26
115	753	CONGENITAL ANOMALY OF URINARY SYSTEM	7
116	754	CONGENITAL MUSCULO SKELETAL DEFORMITY	10
117	755	OTHER CONGENITAL ANOMALY OF LIMBS	18
118	756	OTHER CONGENITAL MUSCULOSKELETAL ANOMALIES	5
119	757	CONGENITAL ANOMALY OF INTEGUMENT	4
120	758	CHROMOSOMAL ANOMLY	3
121	765	NEWBORN DISORS DUE TO SHORT GESTATION LOW BIRTHWEIGHT	7
122	766	NEWBORN DSRORS DUE TO LONG GESTATION, HIGH BIRTHWEIGHT	2
123	774	OTHER PERINATAL JAUNDICE	2
124	780	GENERAL SYMPTOMS	1
125	781	SYMPTOMS OF NERVOUS, MUSCULOSKELETAL SYSTEMS	1
126	783	SYMPTOMS OF NUTRITION, METABOLISM, AND DEVELOPMENT	1

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICO-9)	FREQUENCY
127	786	SYMPTOMS, RESPIRATORY SYSTEM, OTHER CHEST SYMPTOMS	1
128	790	ABNORML BLOOD TEST	1
129	805	FX VERTEBRAL COLMN	1
130	807	FX RIBS,STERNUM, LARYNX,TRACHEA	1
131	809	ILL-DEFINED FX TRUNK	1
132	823	FX TIBIA, FIBULA	1
133	854	INTRACRANIAL INJURY NOS	3
134	865	INJURY SPLEEN	1
135	905	LATE EFFECT INJURY MUSCULOSKELETAL CONNECTIVE TISSUE	1
136	906	LATE EFFECT INJURY TO SKIN	1
137	907	LATE EFFECT INJURY NERVOUS SYSTEM	2
138	969	POISONING, PSYCHOTROPIC AGENTS	1
139	996	COMPLICATIONS PECULIAR TO CERTAIN SPEC PROCEDURES	1
140	E93	ADVERSE THERAPEUTC DOSAGE	2
141	E94	OTHER ADVERSE THERAPEUTIC DOSAGE	1
142	V16	FAMILY HISTORY OF MALIGNANT NEOPLASM	1
143	V22	NORMAL PREGNANCY	5
144	V25	CONTRACEPTIVE MGMT	2

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (INCIDENCE)
FORT BENNING, MAR 81 - FEB 82

	INCIDENCE DG CODE	TITLE (ICO-9)	FREQUENCY
145	V27	DELIVERY OUTCOME	4
146	V28	ANTENATAL SCREEN	2
147	V30	SINGLE LIVE BIRTH	26
148	V31	TWIN, MATE LIVEBORN	4
149	V44	ARTIFICIAL OPENING STATUS	1
150	V64	PROCEDURE NOT DONE	2
		TOTAL	475

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (PRIMARY DIAGNOSIS)
FORT BENNING, MAR 81 - FEB 82

	PRIMARY DG CODE	TITLE (ICD-9)	FREQUENCY
1	038	SEPTICEMIA	1
2	047	ENTEROVIRAL MENINGITIS	1
3	098	GONOCOCCAL INFECTN	2
4	114	COCCIDIOIDOMYCOSIS	1
5	218	UTERINE LEIOMYOMA	1
6	259	OTHER ENDOCRINE DISORDERS	1
7	323	ENCEPHALITIS, MYELITIS, ENCEPHALOMYELITIS	1
8	331	OTHER CEREBRAL DEGENERATIONS	1
9	342	HEMIPLEGIA	1
10	343	INFANTILE CEREBRAL PALSY	1
11	345	EPILEPSY	5
12	378	STRABISMUS,OTH DSORDER OF BINOCULAR EYE MOVEMENTS	1
13	382	SUPPURATIVE,UNSPECIFIED OTITIS MEDIA	1
14	396	DISEASES OF MITRAL AND AORTIC VALVES	1
15	403	HYPERTENSIVE RENAL DISEASE	1
16	410	ACUTE MYOCARDIAL INFARCTION	4
17	416	CHRONIC PULMONARY HEART DISEASE	2
18	428	HEART FAILURE	1
19	430	SUBARACHNOID HEMORRHAGE	1

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (PRIMARY DIAGNOSES)
FORT BENNING, MAR 81 - FEB 82

	PRIMARY DG CODE	TITLE (ICD-9)	FREQUENCY
20	451	PHLEBITIS,THROMBO-PHLEBITIS	2
21	466	ACUTE BRONCHITIS BRONCHIOLITIS	1
22	491	CHRONIC BRONCHITIS	1
23	493	ASTHMA	61
24	507	PNEUMONITIS DUE TO SOLIDS, LIQUIDS	1
25	520	DSRDR TOOTH DEVEL-OPMENT, ERUPTION	1
26	535	GASTRITIS AND DUO-DENITIS	1
27	550	INGUINAL HERNIA	4
28	558	OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	2
29	562	DIVERTICULA OF INTESTINE	1
30	565	ANAL FISSURE AND FISTULA	1
31	599	OTH DSRDR URETHRA, URINARY TRACT	1
32	608	OTH DISORDERS OF MALE GENITALIA	1
33	614	INFLAMTRY DIS,OVA-RY,FALLOPN TB,PEL-VIC TISS,PERITONUM	1
34	620	NONINFLAMTRY DSRDR OVARY, FALLOPIAN TB, BROAD LIGAMENT	1
35	626	MENSTRUAL DSRDRS, OTH ABNORML BLEEDG FEMALE GENITALIA	1
36	633	ECTOPIC PREGNANCY	1

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REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (PRIMARY DIAGNOSIS)
FORT BENNING, MAR 81 - FEB 82

	PRIMARY DG CODE	TITLE (ICD-9)	FREQUENCY
37	634	SPONTANEOUS ABORTION	1
38	646	OTHER COMPLICATION OF PREGNANCY NEC	1
39	648	OTHER CONDITION IN MOTHER COMPLICATING PREGNANCY	1
40	650	NORMAL DELIVERY	3
41	654	MATERNAL ABNORMALITY OF PELVIS	1
42	710	DIFFUSE DISEASE, CONNECTIVE TISSUE	1
43	711	ARTHROPATHY ASSOCIATED W INFECTION	4
44	715	OSTEOARTHROSIS AND ALLIED DISORDERS	1
45	717	INTERNAL DERANGEMENT, KNEE	2
46	718	OTHER DERANGEMENT OF JOINTS	3
47	719	OTHER JOINT DSRDRS	3
48	723	OTHER DISORDERS CERVICAL REGION	2
49	724	OTHER BACK DSRDRS	3
50	732	OSTEOCHONDROPATHY	3
51	733	OTHER DISORDER OF BONE AND CARTILAGE	1
52	736	OTH ACQUIRED DEFORMITY OF LIMBS	2
53	737	CURVATURE OF SPINE	1
54	738	OTHER ACQUIRED DEFORMITY	1

PREPARED BY:
Department of the Army
US Army Patient Administration Systems and Biostatistics Activity
HSHI-QBS 27 APR 1982

 REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (PRIMARY DIAGNOSIS)
FORT BENNING, MAR 81 - FEB 82

	PRIMARY DG CODE	TITLE (ICD-9)	FREQUENCY
55	741	SPINA BIFIDA	1
56	742	OTHER CONGENITAL ANOMALIES OF NERVOUS SYSTEM	4
57	743	CONGENITAL ANOMALY OF EYE	2
58	744	CONGENITAL ANOMALY OF EAR, FACE, NECK	1
59	745	ANOMALY OF CARDIAC SEPTAL CLOSURE	1
60	746	OTHER CONGENITAL ANOMALIES OF HEART	2
61	747	OTH CONGENITAL ANOMALY OF CIRCULATORY SYSTEM	3
62	748	CONGENITAL ANOMALY RESPIRATORY SYSTEM	1
63	751	OTH CONGENITAL ANOMALY, DIGESTIVE SYS	3
64	752	CONGENITAL ANOMALY GENITAL ORGANS	12
65	753	CONGENITAL ANOMALY OF URINARY SYSTEM	4
66	754	CONGENITAL MUSCULOSKELETAL DEFORMITY	6
67	755	OTHER CONGENITAL ANOMALY OF LIMBS	4
68	756	OTHER CONGENITAL MUSCULOSKELETAL ANOMALIES	3
69	765	NEWBORN DISORS DUE TO SHORT GESTATION LOW BIRTHWEIGHT	1
70	781	SYMPTOMS OF NERVOUS, MUSCULOSKELETAL SYSTEMS	1

PREPARED BY:
Department of the Army
US Army Patient Administration Systems and Biostatistics Activity
HSHI-QBS 27 APR 1982

REQUESTED DIAGNOSES FOR DEPENDENTS OF AD ARMY PERSONNEL (PRIMARY DIAGNOSIS)
FORT BENNING, MAR 81 - FEB 82

	PRIMARY DG CODE	TITLE (ICD-9)	FREQUENCY
71	786	SYMPTOMS, RESPIRATORY SYSTEM, OTHER CHEST SYMPTOMS	1
72	809	ILL-DEFINED FX TRUNK	1
73	854	INTRACRANIAL INJURY NOS	2
74	969	POISONING, PSYCHOTROPIC AGENTS	1
75	V25	CONTRACEPTIVE MGMT	1
76	V30	SINGLE LIVE BIRTH	26
77	V31	TWIN, MATE LIVEBORN	4
		TOTAL	229

PREPARED BY:
Department of the Army
US Army Patient Administration Systems
and Biostatistics Activity
HSHI-QBS 27 APR 1982

APPENDIX H

FORMS USED IN MEDDAC, FORT BENNING'S HANDICAPPED PARKING PROGRAM

APPLICATION FOR HANDICAPPED PARKING

The information requested on this form will be used to determine eligibility for handicapped parking at MACH. Disclosure of information is necessary to make a proper determination. Applications not containing requested information are not complete and will not be processed.

1. NAME:	2. SOCIAL SECURITY:	CATEGORY/RANK	STATE TAG#	PHONE #

AGE MARITAL STATUS	CURRENT ADDRESS (Including Zip Code)	WIFE or SPONSOR & Current Address

CHILDREN - (List all children in the local area, whether dependent, married, or over dependent age)

NAME	AGE	ADDRESS

PARENTS - (List Parents living in the local area. If deceased, so state.)

NAME	AGE	ADDRESS

ALL OTHER RELATIVES IN THE LOCAL AREA - (Sisters, Brothers, Sister-in-law's, etc.)

NAME	AGE	RELATIONSHIP	ADDRESS

GIVE REASONS FOR REQUESTING HANDICAPPED PARKING:

FB(MED)FM 401
1 OCT 77

DISPOSITION FORM

COPY

For use of this form, see AR 340-15; the proponent agency is TAGO.

REFERENCE OR OFFICE SYMBOL	SUBJECT
HSXB-R	Request for Evaluation - Handicapped Parking

TO Chief, Professional Services

FROM Chief, Patient Administration Division

DATE

CMT 1

Please evaluate the attached medical statement and request for Handicapped Parking and make a recommendation.

Recommend Approval: _____ Disapproval: _____.

1 Incl
as

RONALD P. CHILDS
LTC, MSC
Patient Administrator

DA FORM AUG 80 2496

PREVIOUS EDITIONS WILL BE USED

HANDICAP PARKING PERMIT
US ARMY MEDICAL DEPARTMENT ACTIVITY
FORT BENNING, GEORGIA

VOID

SAMPLE

_____

EXPIRATION DATE

GOOD ONLY FOR PARKING AT MARTIN ARMY HOSPITAL. NOT VALID AFTER EXPIRATION DATE.

FB MED FORM 400

APPENDIX I

ARMY COMMUNITY SERVICE
HANDICAPPED DEPENDENTS PROGRAM
FACT SHEET

FACT SHEET

ATZB-PA-PS-CS
MARY W. BEHREND/545-1169
1 March 1982

SUBJECT: Handicapped Dependents Program

TO: ACS/HRC

PURPOSE - To provide the council with information pertaining to the development and progress of programs for handicapped dependents and where indicated, their parents.

FACTS

1. The following goals were completed during the 1st Quarter FY 82:

a. Successful operation and completion of the Saturday recreational program for handicapped children.

b. Completion of renovation of Building 2088 for use as a recreation center.

c. Completion of program SOP and training manual for use by program staff.

d. Initiation of program revision in order to provide an expanded program.

e. Initiation of publicity campaign designed to create greater visibility and attract a greater number of participants.

f. Establishment of procedures for assisting SM with handicapped dependent undergoing reassignment.

2. Present Objectives: The Handicapped Dependents Program is undertaking the following:

a. Approval of and adoption of program SOP and training manual.

b. Completion of program revision.

c. Continuation of the Saturday recreational program and summer program.

d. Increase in program staff and volunteers.

e. Increase in program visibility.

f. Development of a tiny tots program for handicapped children. NOTE:

This requires a survey to determine the necessity of such a project. The survey is now underway.

g. Expansion of hours of operation for recreational programs.

3. Future Objectives:

a. Increased coordination in the working relationship with Special Education and Occupational Therapy.

b. Increase the summer program to six weeks.

c. Operate an ongoing volunteer staff training and inservice program to prepare selected volunteers to work with handicapped children.

MARY W. BEHREND, MSW
GS-11
Acting Chief, ACS

APPENDIX J

EXTRACT FROM WEST GEORGIA INTERAGENCY GUIDE

WEST GEORGIA

INTERAGENCY GUIDE

Prepared by:
West Georgia Child Serve
G L R S

Cathy Webb
Child Serve Coordinator
5801 Armour Road
Columbus, Georgia 31904
(404) 323-0551

Margie Oliver
GLRS Director
1532 - 5th Avenue
Room Number 28
Columbus, Georgia 31901
(404) 324-5661 ext. 258

WEST GEORGIA INTERAGENCY COUNCIL

In order to better meet the needs of the children, parents, teachers, and agencies in the West Georgia District, Child Serve in cooperation with GLRS has formed an Interagency Council. The purpose of this council is to identify the needs, problems and concerns of the seventeen county area and seek workable solutions as a unit. The agencies and individuals that make up the council meet three times each year and are on call for assistance throughout the year.

Several projects have come about as a result of the council. Communication between cooperating agencies, schools and homes is of major concern to the council. It is a major objective of the Interagency to foster channels of communication and offer supportive services to the communities.

Membership in the council is open to anyone interested in and working with youth and communities. Contact the Child Serve office in Columbus for further details.

This guide is the result of one Interagency Project. It is bound for additions at your convenience as the Council continues to grow and add to its resources.

SPEECH CLINIC OF COLUMBUS COLLEGE

Address: Columbus College
Columbus, GA 31993

Contact: Dr. Thomas J. Wentland

Telephone: 404-568-2300

Services Provided: Identification, Diagnosis, Treatment, and Consultation relating to speech and language disabilities

Counties Served: No Restrictions

Eligibility: None

Hours of Service: 8:00 a.m. to 5:00 p.m., Monday-Friday

Application Procedures: Write or Phone

Fees: $25.00 per service per quarter (Fees waived for hardship)

Source of Funds: State of Georgia University System

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Address: Warm Springs, GA 31830

Contact: Mr. Marvin Enquist

Telephone: 404-655-3321, ext. 317

Services Provided: Medical Direction and Consultation, Occupational Therapy, Physical Therapy, Rehabilitation Nursing, Speech Pathology, Social Services, Psychology, Counseling, Self Care, Independent Living, Orthotics and Adaptive Living Center, Rehavilitation Outpatient Clinic, Vocational Evaluation, Adjustment Services, Orientation and Mobility (for visually impaired), Recreation

Counties Served: Statewide and Southeast area and nationwide

Eligibility: For VR services by vocational rehabilitation counselor serving client, For medical services admissions office and others will assist and determine eligibility.

Hours of Service: 8:00 a.m. - 4:30 p.m.

Application Procedures: Contact Mr. Marvin Enquist, RWSIR Admissions Officer

Fees: Costs vary with services, RWSIR accredited for third party payments

Source of Funds: Federal/State thru DHR/VR

E.S.P. HEADSTART

Address: 1009 18th Street
East Highland School
Columbus, GA 31901

Contact: Eran Channell

Telephone: 404-327-2682 or 327-2683

Services Provided: Handicapping conditions and Health services

Counties Served: LaGrange, Macon, Montezuma, Albany, Moultrie, Columbus, Jackson,

Eligibility: Income, family size

Hours of Service: 8 a.m. - 4:30 p.m.

Application Procedures: Enrollment forms

Fees: Free

Source of Funds: PA-26 Outreach A.C.Y.F

CRIPPLED CHILDREN'S PROGRAM

Address: P.O. Box 2299
Columbus, GA 31993

Contact: Myrtle Mayo

Telephone: 404-327-4826

Services Provided: Braces, wheelchairs, surgery, casting, physical and occupational therapy, hearing aids, hearing evaluations, etc.

Counties Served: 11 counties

Eligibility: Medical diagnosis - ortho - neuro - and hearing loss. Financial eligibility. Birth to 21 years.

Hours of Service: 8:00 a.m. - 5:00 p.m. Monday-Friday

Application Procedures: Referral with diagnosis and Dr's. signature.

Fees: Cost participation per guidelines # in family and annual salary.

Source of Funds: State and Federal

COLUMBUS COLLEGE SPEECH CLINIC

Address: Columbus College
Columbus, GA 31993

Contact: Dr. Thomas J. Wentland

Telephone: 404-568-2300

Services Provided: Evaluation and treatment of speech and language disorders; public advocacy

Counties Served: Serve Statewide

Eligibility: None

Hours of Service: 8:00 a.m. - 5:00 p.m. Monday-Friday

Application Procedures: Write or phone

Fees: $25.00 per quarter

Source of Funds: University System of Georgia

APPENDIX K

ROSTER OF HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY MILITARY PERSONNEL AT FORT BENNING, GEORGIA MAY 1982

HANDICAPPED FAMILY MEMBERS OF ACTIVE DUTY MILITARY PERSONNEL AT FORT BENNING, GEORGIA AS OF MAY 1982

(Abbreviations are Explained in Footnotes)

NAME	SPONSOR'S SSN	CATEGORY	HANDICAP	SOURCE
1. Alford, Daniel	264-96-3169	D/S[1]	Severe articulation disorder	CHAMPUS[2]
2. Bird, O'Jay T.	226-76-2304	D/S	Severe articulation disorder	CHAMPUS
3. Bogue, Marijo A.	293-36-5579	D/D[3]	Bilateral hearing loss	CHAMPUS
4. Bowling, Lori L.	228-62-7135	D/D	Spastic quadrapaeris developmental delay	CHAMPUS
5. Eller, Suzanne A.	461-80-6171	D/D	Severe articulation disorder	CHAMPUS
6. Gilden, Robert J.	488-52-9755	D/S	Developmental delay	CHAMPUS
7. Herbeck, Robert E.	339-40-3368	D/S	Hydrocephalus, profound hearing loss, blindness, seizure disorder, developmental delay	CHAMPUS/ IPDS[4]
8. Jones, Devon	202-50-8833	D/S	Profound hearing loss	CHAMPUS
9. Jordan, Johnie	261-98-9955	D/S	Severe articulation disorder	CHAMPUS
10. Marsh, Kevin G.	259-98-0510	D/S	Cannot determine from record	CHAMPUS
11. Miles, Princess E.	226-52-6605	D/D	Seizure disorder, severe mental and physical retardation	CHAMPUS
12. Mitchell, Melissa	553-70-0370	D/D	Cerebral palsy, spastic	CHAMPUS
13. Moses, Trecia D.	424-52-3151	D/D	Down's syndrome	CHAMPUS/ IPDS
14. Oughton, Emily S.	139-40-3368	D/D	Cerebral palsy, left hemiparesis, spastic	CHAMPUS
15. Peterson, Brian N.	217-64-1145	D/S	Severe articulation disorder	CHAMPUS
16. Rahm, Nichole M.	412-74-6317	D/D	Severe articulation disorder	CHAMPUS
17. Schneider, Michael J.	201-44-7158	D/S	Severe developmental delay	CHAMPUS
18. Stanford, Andrea L.	434-58-8322	D/D	Quadraplegic	CHAMPUS
19. Taylor, Le Sand	520-48-6772	D/D	Cerebral palsy, spastic diaplegia	CHAMPUS
20. Thornton, Brian	131-44-7200	D/S	Cannot determine from record	CHAMPUS

NAME	SPONSOR'S SSN	CATEGORY	HANDICAP	SOURCE
21. Trimble, Robert	252-84-3711	D/S	Developmental delay	CHAMPUS/ IPDS
22. Williams, Marcus L.	587-76-8243	D/S	Severe articulation disorder, developmental delay	CHAMPUS
23. Alexander, Kimyetta D.	422-92-4687	D/D	Meningomyelocele	IPDS
24. Andrews, Jason S.	420-76-7595	D/S	Cerebral palsy	IPDS
25. Burgess, Barbara	267-88-8462	D/W[5]	Grand mal seizure disorder	IPDS
26. Farmer, Robert, Jr.	230-64-1155	D/S	Epilepsy	IPDS
27. Gonzalez, Vanessa	583-08-5326	D/D	Hydroceophalus, developmental delay, bilateral esotropia	IPDS
28. Guillaume, Tina L.	174-36-0809	D/D	Seizure disorder	IPDS
29. Johnson, Wendy	541-52-2922	D/D	Epilepsy, paralysis	IPDS
30. Kaufman, Nichole	387-68-4581	D/D	Hydrocephalus	IPDS
31. Larkins, James B.	255-96-9370	D/D	Split Foot Syndrome	IPDS
32. Mills, Mark	220-32-2527	D/S	Muscular sclerosis, chronic obstructive pulmonary disease	IPDS
33. Nash, Sarah C.	258-90-8435	D/D	Microcephaly, porencephaly, chromosome abnormality	IPDS
34. Olin, Jennifer	527-04-6638	D/D	Leg length discrepancy	IPDS
35. Peavy, Darby	423-58-6624	D/S	Legg-Perthes Disease (right hip)	IPDS
36. Peterson, Sherry D.	420-60-7754	D/D	Cerebral palsy, quadraparetic seizure disorder, mental retardation	IPDS
37. Purry, Jamison	253-80-9297	D/S	Megacephaly, seizures	IPDS
38. Rohly, Eleanor	286-34-7540	D/W	Amputee (right lower leg)	IPDS
39. Rowcliff, Roy L.	352-32-0482	D/S	Seizure disorder, quadraplegic	IPDS
40. Turner, Shane	461-78-2330	D/S	Bilateral Legg-Calve-Perthes Disease	IPDS
41. Wiley, Jason	195-36-7245	D/S	Cerebral palsy, fibroplasia, retrolental seizure disorder	IPDS
42. Collins, Michael	256-68-8262	D/S	Bilateral macular hypoplasia	LAC[6]

NAME	SPONSOR'S SSN	CATEGORY	HANDICAP	SOURCE
43. Colson, Nole	501-62-2614	D/S	Cerebral palsy	LAC
44. Blackshear, Herchel	252-60-8363	D/S	Seizure disorder	LAC
45. Blackwell, James	262-31-0569	D/S	Seizure disorder	LAC
46. Gaines, Sidney	262-76-2270	D/S	Severe psychomotor disorder	LAC
47. Hamilton, Samuel	104-42-9730	D/S	Seizure disorder	LAC
48. Isitt, Scott	532-48-5335	D/S	Erb's palsy (left side weakness)	LAC
49. Jacobs, Patches	293-46-4971	D/S	Speech delay	LAC
50. Jorgenson, (FNU)	010-86-9864		Seizure disorder	LAC
51. Peterson, Bryan	217-64-1145	D/S	Speech delay, hypotonic	LAC
52. Rosado, (FNU)	584-42-7538		Epilepsy, seizure disorder	LAC
53. Schneider, William Jr.	144-28-0854	D/S	Cerebral palsy	LAC
54. Shear, Randy	266-82-1132	D/S	Seizure disorder	LAC
55. Stickles, Jeffrey J.	230-52-8598	D/S	Cystic fibrosis	LAC
56. Alford, Michael	259-58-2185	D/S	Cerebral palsy	Parking[7]
57. Andrews, Jason	420-76-7579	D/S	Cerebral palsy	Parking
58. Brown, Adgelene	237-84-4647	D/W	Terminal cancer of the bile duct	Parking
59. Cambria, Judith	022-42-8655	D/W	Muscular sclerosis	Parking
60. Carter, Janice	425-82-3018	D/W	Muscular sclerosis	Parking
61. Dyer, Linda M.	006-54-6665	D/W	Chrones Disease	Parking
62. Gilbert, Terence E.	287-32-5498	D/S	Cerebral palsy, spastic quadraplegic	Parking
63. James, Lily	246-94-9129	D/W	Unknown	Parking
64. Jandro, Florence	003-24-0958	D/M[8]	Amputee (left leg)	Parking
65. Kreinop, Jesse D.	080-50-7978	D/S	Severe seizure disorder, severe psycho motor retardation, tuberous sclerosis	Parking
66. Lackland, Grace H.	227-56-9408	D/W	Sickle cell, necrosis of right & left femoral heads	Parking

NAME	SPONSOR'S NAME	CATEGORY	HANDICAP	SOURCE
67. Latner, Barbara E.	261-62-3565	D/D	Congenital muscular disease	Parking
68. Latner, Donna M.	261-62-3565	D/D	Congenital muscular disease	Parking
69. Maulupe, Toelui	570-11-0512	D/D	Hydrocephalus, quadraplegic	Parking
70. Mills, Rexford A.	465-94-5435	D/S	Hydrocephalus, spina bifida, paraplegic, strabismus, meningomyelocele	Parking
71. Peterson, Gladys M.	420-72-0261	D/ML[9]	Muscular sclerosis, quadraplegic	Parking
72. Reynolds, Timothy A.	378-40-6124	D/S	Spastic quadraplegic, degenerative nerve disorder	Parking
73. Smith, Ruby M.	479-05-3897	D/ML	Debilitating arthritis	Parking
74. Tassey, JoAnn	253-64-6887	D/W	Polio, deformity and weakness of left arm and leg	Parking
75. Ussery, Jeanette	259-46-4727	D/W	Severe rheumatoid arthritis	Parking
76. Alsabrook, Kevin	264-74-2385	D/S	Recurrent nephrotic syndrome	Medical Inquiry Files
77. Nicholson, Timothy	416-54-4191	D/S	Seizure disorder, hydrocephlus	Medical Inquiry Files

Footnotes:

1. D/S = Dependent Son
2. CHAMPUS = Civilian Health and Medical Care of the Uniformed Services
3. D/D = Dependent Daughter
4. IPDS Individual Patient Data System
5. D/W = Dependent Wife
6. LAC = Learning Abilities Center
7. Parking = Handicapped Parking Application Files
8. D/M = Dependent Mother
9. D/ML = Dependent Mother-in-law

APPENDIX L

DEVELOPMENTAL DISABILITY LOCAL REGISTRATION FORM

Child Development Evaluation Committee
DEVELOPMENTAL DISABILITY LOCAL REGISTRATION

AEMFK- Date:_____

Patient's Name: _____ Sex:_____ Age:_____

Sponsor's Name: _____

Grade: _____ SSAN: _____ DEROS: _____

Unit Address: _____ APO: _____ Unit Phone: _____

Housing Address: _____ Home Phone: _____

Patient's Problems/Diagnosis: _____

_____

_____

_____

School: _____

Referred by: _____

Special needs: _____

_____

_____

_____

_____

Other Professional/Medical Services Involved in Care: _____

_____

_____

_____

_____

_____

This child is/is not registered under AR 614-203, Handicapped Dependent Program.

Telephone Number:_____ _____ SIGNED:_____
(Stamped Name of Physician)

CLINIC: _____

AEMFK Fm 327
17 Sep 79